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ABSTRACT

This final report describes activities and accomplishments of the Indiana Deaf-Blind Services Project, a 3-year federally funded project to enhance and further develop coordinated direct services to children and youth, birth through age 2 and ages 18 through 21. It also was designed to provide technical assistance to public and private agencies serving children with deaf blindness and their families. The study identified and tracked 205 children and youth with deaf-blindness through community agency and public school programs. Inservice training workshops on such topics as communication, functional curriculum, integration, and challenging behaviors were conducted. Over 1,000 items were entered into a materials resource center for distribution statewide. An existing mentor teacher training project was expanded. Parent support weekends were conducted for families of children with deaf-blindness. A 2-day statewide workshop on assessment and evaluation of infants and toddlers with deaf-blindness was conducted. Additional workshops provided transition plan training. The project also coordinated information and training regarding technology with the state's technology project. Various brochures and newsletters were developed and distributed. Individual sections of this report describe the project's purpose, goals and objectives, accomplishments, outcomes, problems, and impact. Appendices provide a detailed sample consultation report and two case studies. (DB)

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# *The Indiana Deaf-Blind Services Project*

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## Services for Children with Deaf-Blindness Program
## CFDA 84.025A
## State and Multi-State Projects

### FINAL PERFORMANCE REPORT

*Submitted to:*

**United States Department of Education**

**Office of Special Education Programs**

*Prepared by:*

**Indiana Deaf-Blind Services Project**

**Blumberg Center for Interdisciplinary Studies in Special Education**

**Indiana State University**

**December 31, 1995**

EC304543

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## Section I
## SERVICES FOR CHILDREN WITH DEAF-BLINDNESS
## CFDA-84.025A - STATE AND MULTI-STATE PROJECTS

### FINAL PERFORMANCE REPORT

**PROJECT NUMBER:** H025A20013

**PROJECT STATE DATE:** 10-1-92
**PROJECT END DATE:** 9-30-95

**PROJECT TITLE:**
Indiana Deaf-Blind Services Project

**GEOGRAPHIC AREA:** Indiana

**PROJECT DIRECTOR:**
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Blumberg Center for Interdisciplinary
Disciplinary in Special Education
Indiana State University
Terre Haute, IN 47809

**DIRECT SERVICES OFFERED BY PROJECT:**

**AGE/S OF CHILDREN:** 0-2, 18-21
No. of Children: 14; 25

**TECHNICAL ASSISTANCE:**
No. of Children/Youth: 205
No. of Parents: 572 **
No. of Professionals: 7,810*
No. of Paraprofessionals: 164

**TELEPHONE NUMBER:**
812-237-2830
TTY 812-237-3022
800-622-3035

* Specific Topic Information Packets
Newsletter Distribution - 1000 x 6
Poster Session and Conference Displays
Conference Presentations
Blumberg Preschool Workshops

**Expanded through use of toll free line located at Indiana Parent Information Network (IPIN), a parent consultant at IPIN and, mailings to family members on the IPIN list.

## Executive Summary

The Indiana Deaf-Blind Services Project was designed to enhance and further develop coordinated direct services to children and youth, birth through age two and eighteen through age twenty one, with deaf-blindness for whom Indiana is not obligated to make available a free appropriate public education. It was also designed to provide technical assistance to the public and private agencies who deliver services for children and youth with deaf-blindness and their families.

The work of the Indiana Deaf-Blind Services Project was focused on:

1. The identification, registration and tracking of students, birth through age twenty-one who have dual sensory impairments (deaf-blindness).

2. The delivery of technical assistance to service providers and families in order to increase their knowledge and skills in dual sensory impairments.

3. The maintenance of a resource materials center to collect, disseminate and exchange information specific to dual sensory impairments.

4. The development of a mentor teacher training program to expand statewide knowledge and skills specific to children and youth who are deaf-blind.

5. The development of a network of parents and families of children and youth with dual sensory impairments.

6. The coordination with the Part H lead agency to provide inservice training on assessment and evaluation of infants and toddlers with deaf-blindness.

7. The improvement of transition services for students with deaf-blindness through the use of a Personal Futures Plan approach and coordinated state training system.

8. The coordination with Indiana's dual sensory impairments technology project to provide information and training about technology to children and youth who are deaf-blind.

9. The dissemination of information about the project to parents, programs, and systems throughout Indiana.

Two hundred and five Indiana children and youth with deaf-blindness were identified and tracked through community agency and public school programs. Technical assistance was provided to many of these children, their teachers, families and other service providers throughout the state. Inservice training workshops on such topics as communication, functional curriculum, integration and challenging behaviors also were conducted. Over one thousand

items were entered in a materials resource center for distribution statewide. These entries are specific to deaf-blindness and multiple disabilities and include, journals, articles, curriculum resources, assessment materials, books, videotapes, monographs, conference proceedings, and resource directories. In addition, a monograph titled, "Profiles: Individuals with Deaf-Blindness," featuring articles about Indiana families and information on etiologies of deaf-blindness, was distributed to state and national service providers and families. The mentor teacher training project was expanded. The major focus of this mentor project was to build local capacity by training Indiana teachers to provide consultant services to other teachers who may have no training in deaf-blindness but have been assigned children with both hearing and visual impairments. Parent support weekends were conducted for families of Indiana children with dual sensory impairments and were successful in linking a number of families. A two-day statewide workshop on assessment and evaluation of infants and toddlers who are deaf-blind was conducted with Part H personnel. Personal Futures Planning and transition plan training was conducted through technical assistance activities and training workshops. The project coordinated information and training regarding technology for individuals with deaf-blindness with Indiana's ATTAIN/ITRAID statewide technology project. A project brochure, mentor teacher brochures, a vision manual, and six newsletters per year were distributed to a readership of over one thousand. An advisory committee was established including members of families and service providers. This committee provided direction and support throughout the duration of the project period.

## Section II
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**1992-1995**

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# Section III
# Purpose, Goals and Objectives

## Project Philosophy

The specific authorizing statute requirements (34CFR Part 307.11) supported the following activities:

1. **Direct Services** in the form of special education, early intervention, and related services, as well as vocational and transitional services, were to be available to children with deaf-blindness when a state is not obligated to provide these services under Part B of the IDEA or some other authority [Services to non-mandated children - 307.11 (a)(1)]. In Indiana, Priority I non-mandated children included those children, birth through two, and youth, nineteen through twenty-one years of age, with deaf-blindness.
2. **Technical Assistance** was to be provided to public and private agencies, institutions, and organizations providing early intervention, education, transitional, vocational, early identification, and related services to children with deaf-blindness [Services to mandated children - 307.11(a)(2)]. In Indiana, Priority II mandated children included those children, three through eighteen years of age, with deaf-blindness.

The statute as described above defined the design of the Indiana Deaf-Blind Services Project. It was rooted in the assumption that a successful project:

- ❑ would be conducted in a cost effective and appropriate manner.
- ❑ would foster collaboration between agencies and service providers involved in providing services to children and youth with deaf-blindness.
- ❑ would be responsive to the needs of families and their children who are deaf-blind.
- ❑ would implement current research findings and exemplary practices including services that are age-appropriate for project participants, and providing for the maximum integration of children with deaf-blindness in the least restrictive environment.
- ❑ would ensure that project participants who are otherwise eligible to participate are selected without regard to race, color, national origin, gender, age, or disabling condition.

These philosophical underpinnings were fundamental to the design of the Indiana Deaf-Blind Services Project and were implicit in the specific project components and activities

## Specific Project Components

The Indiana Deaf-Blind Services Project was organized into eleven components. Nine components were directly related to project outcomes. The remaining two components addressed evaluation and management activities. Each of the components represented a major goal. All eleven components with their supporting activities are presented in Table 1.

## Objectives and Major Activities of Project Components

### *Component 1.0: Identification and Tracking of Infants, Toddlers, Children and Youth with Deaf-Blindness.*

**Objective:** To maintain a census of infants, toddlers, children and youth, birth through twenty-one, in Indiana with both hearing and vision impairments as defined by the federal definition and included in Indiana's Article 7.

**Activities:**

1.1 Coordinate with the Division of Special Education and their annual child count procedures in maintaining a census of individuals who are deaf-blind.
1.2 Comply with federal census reporting requirements.
1.3 Provide information regarding incidence of deaf-blindness, risk factors, state definition of deaf-blind and the Indiana Deaf-Blind Project to responsible agencies, organizations and individuals.
1.4 Update the database of information regarding children and youth with deaf-blindness.
1.5 Extend identification efforts to those geographic areas in Indiana where children and youth with deaf-blindness appear to be underrepresented.

### *Component 2.0: Technical Assistance.*

**Objective:** To increase the knowledge and training of parents, professionals, and paraprofessionals in the area of deaf-blindness.

**Activities:**

2.1 Meet regularly and coordinate with the Part B CSPD Coordinator to influence and provide for the pre-service training needs of professionals/paraprofessionals in Indiana's Part B CSPD plan.
2.2 Provide information to Indiana's seven special education roundtables regarding possible technical assistance activities which can be incorporated into each of their respective CSPD plans.
2.3 Meet regularly and coordinate with the Part H CSPD Coordinator to influence and provide for the pre-service training needs of professionals/paraprofessionals in Indiana's Part H CSPD plan.
2.4 Respond to requests for technical assistance and consultation services utilizing an innovative problem solving approach.
2.5 Continue collaboration with existing state and federally funded Indiana projects in the development of appropriate technical assistance activities.
2.6 Continue to lecture and provide materials to state universities in Indiana which offer summer institute courses related to deaf-blindness, severe and/or multiple disabilities.
2.7 Respond to individual requests for technical assistance, consultation services and training needs.

### *Component 3.0: Resource Materials Center.*

**Objective:** To maintain a Resource Materials Center for the collection, dissemination and exchange of information specific to the population of individuals with deaf-blindness.

**Activities:**

3.1 Acquire materials specific to the population of persons with deaf-blindness.
3.2 Compile all materials using a database system.
3.3 Provide a periodic list of updated acquisitions to a variety of individuals and programs throughout Indiana.
3.4 Provide the new National Deaf-Blind Clearinghouse with a list of materials available through the Indiana Deaf-Blind Project.
3.5 Promote the development and distribution of Information Fact Sheet Packets.

***Table 1***

## *Component 4.0: Mentor Teacher Training.*

**Objective:** To continue to build local capacity through a mentor teacher training project in which professionals who currently work with students with deaf-blindness in Indiana receive graduate training in current best practices and then mentor with other teachers as assigned by the Indiana Deaf-Blind Project.

**Activities:**

- **4.1** Conduct joint planning with TRACES to continue the three phase Mentor Teacher Training Project.
- **4.2** Provide yearly summer institute coursework to the participants in the Mentor Teacher Training Project.
- **4.3** Continue to secure University credit status or continuing education approval for the Summer Institute coursework.
- **4.4** Provide follow-up onsite visits to each of the participants in the Mentor Teacher Training Project.
- **4.5** Following Phase III, pair Mentor Teachers with teachers/service providers who request assistance from the Indiana Deaf-Blind Project.
- **4.6** Provide incentives for Mentor Teachers to consult with their peers.
- **4.7** Emphasize recruitment of participants who provide services to Priority I children and youth for the subsequent three year Mentor Teacher Training Project.

## *Component 5: Parent/Family Network.*

**Objective:** To ensure that families who have children with deaf-blindness receive support and training as well as opportunities to link with other families and professionals.

**Activities:**

- **5.1** Establish a committee of parents/family members to plan Family Support Activities.
- **5.2** Provide a toll-free number for Indiana parents to access information specific to the needs of their child who is deaf-blind.
- **5.3** Establish a cadre of families who will provide articles for a "Parent's Corner" in the Project newsletter.
- **5.4** Provide information to families regarding deaf-blindness.
- **5.5** Respond to both group and individual parent requests for support and consultative services.

## *Component 6.0: Evaluation/Identification of Infants and Toddlers.*

**Objective:** To better identify infants and toddlers with deaf-blindness.

**Activities:**

- **6.1** Provide information regarding deaf-blindness, risk factors, and the state definition of deaf-blindness to the Part H lead agency and all other appropriate agencies and organizations.
- **6.2** Provide information regarding referral systems for diagnosis and access to applicable resources.
- **6.3** Collaborate with the Part H lead agency coordinator, the Part H technical assistance and training coordinator, a representative from an IHE and parent representatives to formulate a statewide model for the educational evaluation and identification of infants and toddlers with deaf-blindness.
- **6.4** Provide training in educational evaluation to early intervention programs in Indiana who currently serve and to those programs which likely will serve infants and toddlers with deaf-blindness.
- **6.5** Provide consultative services to the early intervention programs currently serving the 16 identified infants and toddlers in Indiana with deaf-blindness.

## *Component 7.0: Transition*

**Objective:** To provide personal futures planning and training in the development of transition plans for the Priority I and II Indiana children and youth with deaf-blindness.

**Activities:**

7.1 Coordinate with the Helen Keller National Center - Technical Assistance Center (HKNC-TAC) in the development of a state and local team partnership plan to facilitate effective transitions for Indiana students.

7.2 Provide information on the development of effective transition plans for youth with deaf-blindness to the CSPD coordinators in each of Indiana's seven special education roundtables.

7.3 Provide information on the components of effective transition for youth with deaf-blindness to representatives of adult service agencies, employers, teachers, parents and families, students and community leaders.

7.4 Coordinate the development of personal futures plans for two identified Priority I students currently in out-of-state private residential placements.

## *Component 8.0: Technology*

**Objective:** To provide information and training about the technology-related benefits to children and youth with deaf blindness.

**Activities:**

8.1 Refer requests regarding technology-related assistance to the ITRAID Project staff.

8.2 Coordinate activities with the ITRAID Project to provide workshops on technology-related assistance to the seven Indiana Special Education Roundtables.

8.3 Promote the distribution and use of the Independence through Technology videotape developed by the ITRAID Project.

## *Component 9.0: Dissemination of Information*

**Objective:** To provide information about the project and effective practices to parents, programs, and systems throughout Indiana.

**Activities:**

9.1 Update and distribute the project brochure.

9.2 Publish Information Updates for statewide distribution six times per year.

9.3 Present information on the Project at local, state, regional and national conferences.

9.4 Submit articles and announcements about the Indiana Deaf-Blind Project to existing newsletters and SpecialNet.

9.5 Respond to individual requests for information through the Materials Resource Center.

9.6 Share products developed by the Indiana Deaf-Blind Project with local, state and national organizations.

## *Component 10.0: Evaluation*

**Objective:** To demonstrate that project activities have met the project objectives and have had a positive impact in the lives of children and youth with deaf-blindness, their families and the personnel who provide educational services for their benefit.

**Activities:**

10.1 Document the completion of activities and achievement of objectives.

10.2 Document the types of direct services and technical assistance provided by project staff regarding information, referral, and training.

10.3 Document the degree to which those accessing the project are satisfied with the services and assistance they received.

10.4 Measure the overall impact of the project.

## *Component 11.0: Project Management*

**Objective:** To ensure that the activities of the Indiana Deaf-Blind Project are completed according to the allotted timelines.

**Activities:**

- **11.1** Establish Indiana Deaf-Blind Project Advisory Committee.
- **11.2** Establish and monitor project timelines.
- **11.3** Provide assurances that project participants who are otherwise eligible to participate are selected without regard to race, color, national origin, gender, age, or disabling condition.
- **11.4** Coordinate project activities with relevant individuals, programs and systems.
- **11.5** Report results to funders.
- **11.6** Monitor staffing allotment against objectives and activities.

## Section IV
## Accomplishments/Outcomes of Project

Evaluation activities to measure accomplishments and outcomes occurred at four levels: 1) documentation of the completion of activities and achievement of objectives, 2) documentation of the types of direct services and technical assistance, 3) documentation of the degree to which those accessing the Project are satisfied with the services and assistance they received, and 4) measurements of the overall impact of the Project on the lives of children and youth with deaf-blindness.

Table 2 provides the evaluation matrix used by the project in assessing accomplishments and outcomes. It is keyed to each of the Project Components and their objectives. The matrix includes the component being evaluated, the informants providing the evaluation, the outcomes or products being evaluated, the method used for quantifying the level of satisfaction, and the long-term measures of impact.

**Insert Table 2 About Here**

Data gathered using the matrix was used to determine the satisfaction with and impact of each activity. Project staff monitored the project timelines to ensure accountability and modify activities as needed.

A narrative summary of the accomplishments of the Indiana Deaf-Blind Services Project from October 1, 1992 through September 30, 1995 is provided. It is organized in the order of the nine components presented in the Executive Summary of this Final Report. The reader can refer to Table 1, Objectives and Major Activities of Project Components, for an overview of specific activities.

**Component 1.0: Identification and Tracking of Infants, Toddlers, Children and Youth with Deaf-Blindness.**

The number of children and youth with deaf-blindness increased from 199 to 205 during the three year project period. The overall numbers do not reflect a large increase in students; however, approximately 30 new students were added to the census during each project year. The leveling off of the census totals was caused by death or "aging out" of older students, counterbalancing the addition of new students each year.

For each of the three project years, the Indiana Project coordinated its deaf-blind census with the Indiana Department of Education, Division of Special Education's annual December 1 child count activities. A packet of information from the Indiana Deaf-Blind Services Project provided instructions for identifying and reporting students with dual sensory impairments. This packet was included in each years' state child count materials. The information was completed and returned by each district and/or agency to the Division of Special Education and then forwarded to the Indiana Deaf-Blind Services Project Office.

| Evaluation Measures | | | | |
|---|---|---|---|---|
| **Project Components and Objectives** | **Informants** | **Documentation** | **Satisfaction** | **Impact** |
| **Component 1.0:** Identification and Tracking of Infants, Toddlers, Children and Youth with Deaf-Blindness<br>**Objective:** To maintain a census of infants, toddlers, children and youth, birth through twenty-one, in Indiana with both hearing and vision impairments. | Public Schools; Community Agencies; State Department Personnel | December 1 child count activities; Individual reports; Project demographics; Number of information packets sent | Content analysis of data information form; Responses to information packets | Accurate Census count; Efficient tracking procedures; Children in under-represented areas receiving services; Decrease in "Unknown" categories on Data Information Form |
| **Component 2.0:** Technical Assistance<br>**Objective:** To increase the knowledge and training of parents, professionals, and paraprofessionals in the area of deaf-blindness | Part H & Part B CSPD Coordinators; Administrators in Seven Roundtables; Individuals receiving technical assistance and training; Consultants providing services | Number of participants; Number/ schedule of training sessions; Pre/ Posttests; Satisfaction Questionnaires; Participant Demographics; Training Materials; Training Agendas; Discrepancy Measures | Responses regarding training, organization, comprehensibility, degree to which training and technical assistance matched goals/ needs/expectations, and implementation | Training activities in CSPD Plans; Increase in knowledge about Project; Teachers apply problem-solving approach with other students; Universities access project materials/ staff; Training activities coordinated with existing projects; Mentor Teachers used as part of technical assistance |
| **Component 3.0:** Resource Materials Center<br>**Objective:** To main tain a Resource Materials Center for the collection, dissemination and exchange of information specific to the population of individuals with deaf-blindness | Peer Reviewers; Individuals who receive materials; Project Staff | Number of materials distributed; Number of acquisitions; Number and type of requests | Consumer analysis of access and appropriateness of materials | Through consumer survey, analysis of participants use of materials with children and youth with deaf-blindness; Increased information in Center about infants; toddlers; Increased Fact Sheet Distribution |
| **Component 4.0:** Mentor Teacher Training<br>**Objective:** To continue to build local capacity through a mentor teacher training project | Mentor Teachers; Administrators; Instructors; Project Staff | Personal interviews; Consumer satisfaction measures; Consultant-designed Pre/posttests; Consultant Recommendation Forms; Impact evaluations; Practicum Observation Evaluations; Mentor Teacher Observation Evaluations; Homework Assignments; Final Paper | Response on a variety of measures regarding training, organization, comprehensibility, degree to which training matched goals/needs/ expectations, and implementation | At least 30 service providers have increased knowledge and skill through Summer Institute; Effective practices have been increased through the consultation activities of at lease 8 newly trained mentor teachers |

*Table 2*

| Evaluation Measures | | | | |
|---|---|---|---|---|
| **Project Components and Objectives** | **Informants** | **Documentation** | **Satisfaction** | **Impact** |
| **Component 5.0:** Parent/Family Network **Objective:** To ensure that families who have children with deaf-blindness receive support and training as well as opportunities to link with other families and professionals | Parents and Family Members; Project Staff; Consultants | Survey of parent planning committee; Number of calls to toll-free telephone system; Parents response to Parents' Column in newsletter; Requests for information on deaf-blindness by families; Number of information packets sent to families; Number of requests for consultation, training, and technical assistance | Responses on Likert-scaled survey regarding satisfaction with services received from the Project; Responses regarding family participation in Project planning; Responses regarding information received | Families empowered to actively participate in Project direction and activities (newsletter, parent support weekends); 40 families attended parent support weekend rallies; Information about deaf-blindness and Project provided to approximately 100 families through toll-free number, newsletter, and information packets; Families contributed articles to newsletter |
| **Component 6.0:** Evaluation/Identification of Infants and Toddlers **Objective:** To better identify infants and toddlers with deaf-blindness | Early Intervention Teachers; Administrators; Trainers; Related Services Personnel; Families | Personal interviews; Consumer satisfaction measures; Consultant-designed Pre/posttest instrument; Impact evaluations | Response on a variety of measures regarding training, organization, comprehensibility, degree to which it matched goals/ needs/expectations, and implementation | At least 25 programs have received training/ information regarding evaluation; Statewide model of evaluation reflected in CSPD training activities; IFSP's for 16 Priority I infants / toddlers reflects effective practices; Training activities coordinated with existing projects |
| **Component 7.0:** Transition **Objective:** To provide personal futures planning and training in the development of transition plans for the Priority I and II Indiana children and youth with disabilites. | CSPD coordinators in each Roundtable; Families of students receiving training in Personal Futures Plans; Teachers; Employers; Students; Adult Service Agency Personnel; Other Participants | Consumer satisfaction measures; Impact evaluations; Number of individuals trained; Number of team partnerships developed; Quality of individual transition plans (ITP) | Response on a variety of measures regarding training, organization, comprehensibility, degree to which training matched goals/needs/expectations, and implementation | Higher quality ITP's; Positive employer attitudes; Increase in family participation; Personal Futures Plan in place for at least 2 students; In-formation on transi-tion strategies provided; Use of |
| **Component 8.0:** Technology **Objective:** To provide information and training about the technology-related benefits to children and youth with deaf-blindness | Participants in technology training workshops; Individuals who request service; ITRAID Coordinator | Number of participants; Number/schedule of training sessions; Pre/ posttests; Satisfaction questionnaires; Participant Demographics; Training Materials; Training Agendas; Number of requests for training | Response on a variety of measures regarding training, organization, comprehensibility, degree to which it matched goals/ needs/expectations, and implementation | HKNC-TAC in-state Referrals to ITRAID Project; Direct technical assistance coordinated with ITRAID Project; Seven roundtables received information/ training concerning technology benefits. |

*Table 2 (Cont.)*

| Evaluation Measures | | | | |
|---|---|---|---|---|
| **Project Components and Objectives** | **Informants** | **Documentation** | **Satisfaction** | **Impact** |
| **Component 9.0:** Dissemination of Information<br>**Objective:** To provide information about the project and effective practices to parents, programs, and systems throughout Indiana | Consumers; Project Staff | Copies of newsletters, brochures, fact sheets; Number of requests for information; Number of presentations at conferences; Number of newsletters and brochures disseminated; Number of agencies, schools, families who receive information; Consumer satisfaction measures | Consumer analysis of access and appropriateness of materials; Responses on standard Likert-scaled survey regarding organization; Comprehensibility and degree to which conferences matched goals/ expectations. | Increased knowledge about effective practices in deaf-blindness; Increased referrals to Project for direct and technical assistance; Six newsletters published per year; Presentations at 2 conferences per year; Articles submitted to at least two existing newsletters; Increased number of requests for materials |

*Table 2 (Cont.)*

The updated information was transferred to a data base maintained by the Indiana Deaf-Blind Services Project. During each of the three project years, the Project updated the survey materials. Information was collected about educational placement, residential location, interaction with peers, related services, and technology related needs to name a few. For each of the three project years, the federal FEDAC/OMB forms were completed and forwarded to the Office of Special Education Programs' (OSEP) designated representative for the compilation of national statistical data.

Beginning with the 1993 state child count, the Indiana Deaf-Blind Census information was included in the state's electronic reporting system (The Indiana Computerized Data Project or CODA Project). As a result, the Indiana public school special education directors were able to report children to the deaf-blind census through the state's computer network. Packets were still sent to both public schools and community agencies. Community agency directors continued to report as previously described.

Through the coordination with the Indiana Division of Special Education's CODA Project tracking procedures became more streamlined and efficient. This increased the accuracy of data obtained particularly from the public schools who participated in the CODA Project. The changes in the identification and tracking procedures also included a change in the reporting form. Rather than giving an "Unknown" category for etiology, and degree of vision and hearing losses, new categories were provided, such as "Not Tested," "Other, please specify," and "Tested - Results Nonconclusive." These new categories helped eliminate the number of "Unknown" responses on the Indiana census and provided more detailed information than was available in the past.

The dissemination of comprehensive census packets to agency and public school personnel was continued in an attempt to educate reporters about children with deaf-blindness. This resulted in a small increase in the number of children reported in at least one of the underrepresented areas. As a result of providing information to the Part H personnel, more infants were added to the census in that area.

As a result of Indiana's extensive identification activities, the Director of the Indiana Deaf-Blind Services Project presented this information to new project directors at the 1995 Project Director's meeting in Washington, D.C. The director discussed the development of the Indiana census, the definition of dual sensory impairment used in Indiana, as well as the procedures used to maintain and update the census each year. In addition, the director traveled to Tennessee, Arkansas, and Maine to present workshops specific to information about the Indiana census activities.

**Component 2.0: Technical Assistance**

Technical assistance activities were organized to increase the knowledge and skills of parents and professionals in the area of dual sensory impairments, as well as benefit Indiana children and youth with deaf-blindness. The following narrative details the accomplishments of the technical assistance component initiated by the 1992-95 Indiana Deaf-Blind Services Project. The project's technical assistance was organized around: 1) Consultations; 2) Training; and, 3) Information/Referral. The Technical Assistance accomplishments are discussed using these three categories as an organizational framework.

**1) Consultations**

The project staff and mentor teachers responded to individual requests for technical assistance from parents and professionals. Fifty three requests from families and public schools for on-site technical assistance were received by the Indiana Deaf-Blind Services Project during the 1992-95 project period. These requests resulted in approximately 150 on-site visits by project staff, mentor teachers, and out of state consultants where appropriate. Most requests were received via telephone. If possible, a videotape was requested in order to provide consultants with additional information. Consultations also included telephone requests for information. An example of the Technical Assistance Data Form used by project staff is shown in Table 3.

Insert Table 3 About Here

Onsite consultations conducted by project staff included the provision of technical assistance from the Helen Keller National Center Technical Assistance Center (HKNC-TAC). The HKNC-TAC technical assistance was provided to the local team on the transition of two young women returning to Indiana from out of state schools.

**2) Training**

During 1992-95, the project conducted training through presentations and workshops, mentor teacher training activities, and family trainings, such as the Parent Support Weekend and

# Technical Assistance Data Form

Staff: _____

| Date | Contact Person / Agency | # of professionals | # of paraprofessionals | # of family members | # of consumers/peers | Consultations: on-site consultation | Consultations: telephone | Consultations: other | Training: presentations | Training: mentor teachers | Training: family | Information/Referral: meetings | Information/Referral: dissemination of products (newsletter, vdeotape, etc) | Information/Referral: resource material | Information/Referral: referrals | # of Hours | Content Area (number) example: 3a |
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## Content Areas

1. Adult Services
2. Advocacy/protection/legal
3. Assessment (individual)
   a. auditory
   b. classroom/ecological
   c. cognitive
   d. educational
   e. functional
   f. psycho-social
   g. sensori-motor
   h. vision
4. Assistive devices
5. Audiology
6. Behavioral issues/managmnt.
7. Blindness/visual impairments/low vision
8. Community integration/living
9. Conceptual development
   a. cognitive
   b. developmntl.
   c. sensori-motor
   d. play
   e. education
10. Deaf-Blind culture
11. Deafness/hearing loss
12. Early indent./interv./child find
13. Educational programs/teachers/ curriculum
14. Employment
    a. employer info.
    b. job development
    c. job placement
    d. job training
    e. work adjustment
15. Federal funding/sources
16. Independent living
17. Interagency collabor.
18. Interpreters
19. Language/communical.
    a. assessment
    b. communicat. systems
    c. development
    d. theories/training
20. Medical issues/health educa./genic counsel.
    a. etiologies
    b. general
    c. medically fragile
    d. hearing
    e. vision
21. Mental health/counseling/substance abuse
22. Motor develop./sensory integration/ stimulation
23. Occupational therapy
24. Orientation & mobility training
25. Parenting/family
    a. support serv.
    b. future plann.
    c. guardianship
    d. ed./advoc. training
    e. sibling issues
26. Peer & natural support
27. Personnel recru./training
28. Physical therapy
29. Post secondary education
30. Program evaluation
31. Recreation & leisure
32. Self advoc/determination
33. Sex education
34. Social skill training
35. Statistics/demographics
36. Transition plan./training
37. Transportation
38. Volunteer recruitment/training

technical assistance to families in school and home settings. Technical assistance through training activities was conducted in conjunction with the Teaching Research Assistance to Children and Youth Experiencing Sensory Impairments (TRACES) and the Helen Keller National Center-Technical Assistance Center (HKNC-TAC) projects when appropriate.

A number of presentations at local, state and national conferences and meetings occurred during the 1992-95 project period. They included: a) annual presentations at Indiana Federation Council of Exceptional Children Conference; b) the International TASH Conference; c) a presentation at the Helen Keller National Center regarding transition activities in Indiana; d) a presentation for a videotape class through Ball State University on an "Introduction to Deaf-Blindness;" and e) presentations at Indiana University-Purdue University at Indianapolis for annual graduate summer institutes in severe disabilities. The project director presented in Tennessee, Arkansas, Alabama, Maine, and New York on the Mentor Teacher Training Project and Indiana Census Activities.

In addition to the presentations described, numerous inservice presentations were conducted. For example, the project director conducted an inservice training on communication needs of children who are deaf-blind during an inservice day for teachers, classroom assistants and related services personnel. These particular service providers had never worked with a child with deaf-blindness before and were involved in this training because they were to begin serving two new children who are deaf-blind. The project director was also involved in the evaluation of a three year old child entering the public school program. During this evaluation the director gave a brief inservice on what things needed to be considered when assessing a child who is deaf-blind. Trainings of this type occurred on a regular basis throughout the state and have become a standard part of the technical assistance provided by the project.

The Indiana Deaf-Blind Services Project and TRACES designed a three year mentor teacher training activity which began in July, 1991. This activity has continued as a joint project through 1995. Specifics about the mentor teacher program are described in Component 4.

As of the end of the project period, three mentor teachers were regularly providing technical assistance in Indiana in response to requests to the Indiana Deaf-Blind Services Project office. The first group of mentor teachers trained through the program developed a Mentor Teacher Guide which was followed in delivering technical assistance. This guide includes technical assistance request forms, parent/school questionnaires, IEP evaluation tools, and data collection forms for program development. The guide book is available for review in the project offices.

Technical assistance training for families included: training activities conducted at parent support weekends, a one day parent information meeting, and through technical assistance to public schools and community agencies. As discussed in Component 5, training in personal futures and transition planning, the impact of deaf-blindness on infants and toddlers, communication strategies, available resources in Indiana, and assistive technology adaptations for individuals with deaf-blindness was conducted through Parent Support Weekends and a one day parent workshop. In addition, parent training was conducted in conjunction with technical assistance activities for public schools and community agencies. When a service provider requested technical assistance from the project, phone calls and personal meetings were planned

with the family to discuss their needs and what they wanted as a result of the technical assistance activity.

**3) Information/Referral**

Information referral was another part of the technical assistance provided by the Indiana Deaf-Blind Services Project. There were approximately 540 requests for information over the project period. Staff responded to these requests by forwarding resource materials, contacting D-B Link for additional information, and/or referring requests for information to other agencies/projects.

**Component 3.0: Resource Materials Center**

Since 1986, the Indiana Project maintained a resource materials center for the collection, dissemination and exchange of information specific to the population of individuals with dual sensory and multiple impairments. Journals, articles, curriculum resources, assessment materials, books, videotapes, monographs, conference proceedings, and resource directories were among 1100 entries maintained by the project. New materials were acquired during each of the 1992-95 project years. Among the new items added were materials on communication strategies for infants and toddlers with deaf-blindness. The materials were catalogued and entered into a data base. A complete listing of all acquisitions was printed and updated each year. During the final year of the project, staff reviewed the library materials and eliminated those which were out of date and not specific to deaf-blindness. The 800 remaining materials were recataloged and reorganized to provide for more effective use of the library.

The primary requesters of the materials were teachers and parents who asked for technical assistance from the project. University students majoring in special education were also frequent users. During any month of the project period, there were from five to twenty-five requests for materials. Videotapes and materials on communication strategies, challenging behaviors, and assessment tools were among the most frequently requested materials. Random surveying of users indicated that the materials were useful and that they would request materials in the future.

**Component 4.0: Mentor Teacher Training**

The Indiana Deaf-Blind Services Project identified a strong need to develop local capacity within the state. This need was met by establishing a mentor teacher program through collaboration with TRACES and HKNC-TAC. The mentor teacher program consisted of week long summer institutes and two topic centered retreats per year. Training continued four years. During the 1992-95 project period, six mentor teacher completed their training and began providing technical assistance to other teacher and service providers in the field. While these teachers were mentoring, they received support from the project in the form of honorariums, reimbursement of travel expenses and support to their districts for substitute teacher pay. Formally trained mentor teachers also assisted in the design of a new mentor teacher training cycle.

During the summer of 1995, twelve new service providers began a new Mentor Teacher Training cycle. These twelve participants were selected based upon a written application to the project and their work with students with deaf-blindness. The new participants attended a week long

summer course specific to deaf-blindness and effective practices. This was offered for graduate credit and several participants elected to take the institute for one credit hour.

Although during the 1992-95 period, only six participants agreed to provide mentor services for the project, the summer institutes were open to 15 participants each year. Over the three year period, more than 30 other persons attended training sessions.

Various forms of documentation were collected to show knowledge/skill acquisition of the participants. Documentation included: personal interviews, consumer satisfaction measures, consultant designed pre/posttests, impact evaluations, consultant recommendation forms, practicum observation evaluations, mentor teacher observation evaluations, homework assignments, and a final paper.

**Component 5.0: Parent Support Network**

The focus of this component was for the Indiana Deaf-Blind Services Project to provide support and training to families of children with deaf-blindness, as well as opportunities to link with other families and professionals. A sub-committee of parents on the advisory board was established to determine what types of activities should be conducted. Parent support weekends were identified as a desirable activity. In addition, the parents provided topic suggestions for the project newsletter. During the 1992-95 project period, three parent support weekends were conducted. A total of 22 Indiana families participated in the different trainings. Topics covered during the parent support weekends included: personal futures and transition planning, the impact of deaf-blindness on learning, communication strategies and assistive technology adaptations for individuals with deaf-blindness. In addition, families had numerous opportunities to share with one another. The teachers and services providers were invited to attend some sessions. During the weekends, university students arranged activities for all of the children while their parents attended workshop sessions.

Three other parent activities were initiated by the Indiana Project. First, the project, in conjunction with the Indiana Parent Information Network (IPIN), conducted a one day parent workshop in August of 1993. The purpose of the workshop was to provide families of children with deaf-blindness information about available resources in Indiana. Three parents of children with disabilities spoke on topics such as: "Building systems of support," "Advocating for your child," and "Home and community based waivers." Poster sessions on Indiana services were held during the afternoon session.

Second, the Indiana Deaf-Blind Services Project established a toll free number for Indiana parents to access information specific to the needs of their child who is deaf-blind. Initially this line was housed at the IPIN offices in Indianapolis, IN. During this period, the project supported an IPIN staff person to work 8 hours per week for the deaf-blind project on parent activities and answering the toll free line. During the last year of the project period, the toll free line was moved to the Indiana Deaf-Blind Services Project offices in order to provide parents with increased access to project staff.

Third, a telephone survey of families of children with deaf-blindness was conducted. A parent of a child on the Indiana deaf-blind census contacted other Indiana families and conducted telephone interviews using a prepared survey form. This survey asked questions concerning family needs for educational services, what information needs the family had, support and family networking needs, and advocacy questions and issues.

**Component 6.0: Evaluation/Identification of Infants and Toddlers**

The Indiana Deaf-Blind Services Project coordinated with the Part H lead agency and the Indiana Early Childhood Training and Coordination Project to provide inservice training on assessment and evaluation of infants and toddlers with deaf-blindness. The primary focus of this component was a two day statewide workshop on hearing and vision evaluation for young children. Project staff sent specific, first priority invitations to service providers at all locations where an infant or toddler was reported to the deaf-blind census. In addition, the workshops were open to any agency personnel providing services to infants with sensory impairments in Indiana. Teams from each of the agencies were encouraged to attend. Approximately 60 participants received training.

During the project period, Local Planning and Coordinating Councils (LPCC) were established in each of Indiana's 92 counties. These LPCC's were the result of the efforts by Indiana's Family and Social Services Administration to redesign comprehensive service systems (including Part H) to meet the needs of all families. Part of this reform effort was designed to include training activities within the Comprehensive System of Personnel Development (CSPD). The Indiana Deaf-Blind Services Project collaborated with Indiana's Family and Social Services Administration and the Department of Education to influence the types of training to be included.

**Component 7.0: Transition**

This component of the project was designed to improve transition services for students with deaf-blindness through the use of a Personal Futures Planning approach and coordinated state training system. The project director received training in writing effective transition plans and personal futures planning at national workshops sponsored by Helen Keller National Center-Technical Assistance Center (HKNC-TAC). As a result of this training, several project activities were conducted to improve transition services for Indiana students. These activities included: 1) personal futures planning training was provided during a Parent Support Weekend for 8 families; 2) coordinated personal futures plans for two identified students who were returning to Indiana from out-of-state private residential placements were developed; 3) dissemination of both the NICHCY and HKNC newsletters on effective transition planning to school systems where there were identified students of transition age; 4) a project newsletter on transition plans was written and distributed statewide; and, 5) technical assistance from HKNC in the development of a local team partnership was requested and received.

During a parent support weekend in the second year of the project, families, teachers and service providers were invited as teams to participate in developing personal futures plans for their sons

and daughters. Two consultants from the HKNC-TAC project guided the teams as they developed PFP's. Three of the participating families used the personal futures plan in individual transition planning conferences.

During 1992-95, the Project coordinated with HKNC-TAC and a number of Indiana agencies as a team in the transition of two young women with deaf-blindness. Supported living and employment for both young women were the outcomes. The Project worked with the agency providing the housing for these two young women (Options for Better Living) to write a proposal to HKNC for a Helen Keller Affiliate Project to expand housing options in Indiana for 10 - 15 youth who are deaf-blind. As a result of this activity, the local team process was used with three other families across the state.

Topic centered newsletters on transition from NICHCY and HKNC-TAC were distributed to CSPD coordinators and representatives of adult service agencies across Indiana. As a result, project staff received increased requests for technical assistance related to transition.

A two part project newsletter (*Information Updates*) was written by Janet Steveley (HKNC-TAC) on transition planning and the components of an effective transition plan. This newsletter was distributed to the statewide project mailing list of approximately 1,000 families and service providers.

During each of the three project years, the Indiana Deaf-Blind Services Project, prepared a Technical Assistance Request Application (TARA) requesting technical assistance from HKNC-TAC. Each request was accepted and technical assistance specific to transition efforts was provided.

**Component 8: Technology**

This component focused on coordination with the Indiana Technology Related Assistance for Individuals with Dual Sensory Impairments Project (ITRAID) to provide information and training about technology to children and youth who are deaf-blind. The activities used to meet this objective included: 1) requests to the project for information or technical assistance related to technology resulted in automatic referrals to ITRAID project staff; 2) requests for training regarding technology and deaf-blindness resulted in four workshops/lectures by joint project staff, as well as several inservice trainings by ITRAID project staff; and, 3) a topic centered project newsletter on technology was written and distributed.

During the three year project period, technical assistance requests prompted approximately 50 referrals to the ITRAID project staff. In addition, the deaf-blind project staff frequently referred to ITRAID project information and forwarded it to families and service providers.

In the first two years of the project, the ITRAID and Indiana Deaf-Blind Services Project directors co-presented two half day regional workshops to public school service providers. In addition, two three hour lectures to undergraduate special education students were conducted. All presentations and lectures involved hands-on activities and simulations. The ITRAID project director also made workshop presentations at the Mentor Teacher Summer

Institute, two Parent Support Weekends and several small inservice trainings in classrooms and public schools.

A project newsletter (*Information Updates*) was written by Jennifer Meadows (ITRAID) on assistive technology and adaptations. This newsletter was distributed to the statewide project mailing list of approximately 1,000 families and service providers.

**Component 9: Dissemination of Information**

The purpose of this component was to provide information about the Indiana Deaf-Blind Services Project to parents, programs and systems throughout Indiana. A number of activities occurred to accomplish this objective.

The project brochure was updated, printed and then distributed throughout the project period. The brochure accompanied materials sent from the resource materials center and was distributed at appropriate meetings and conferences.

*Information Updates*, the project newsletter was published and distributed at least six times per project year. Guest editors provided focused topic information for each edition, such as transition, technology, vision and hearing, and communication strategies. The newsletter also provided information about project activities, new materials available through the resource materials center and related conferences and workshops. The newsletter was sent to a readership of over 1,000; an increase of approximately 300. In addition to publishing *Information Updates*, the Indiana Project submitted information to existing Indiana newsletters and granted numerous requests to reprint *Information Updates*' articles.

A number of presentations at local, state and national conferences and meetings occurred during the 1992-95 project period. The Indiana Deaf-Blind Services Project disseminated project information at a number of conferences, including: a) annual presentations at Indiana Federation Council of Exceptional Children Conference; b) the International TASH Conference; c) presentation at the Helen Keller National Center regarding transition activities in Indiana; d) presentation for a videotape class through Ball State University on an "Introduction to Deaf-Blindness;" and e) presentations at Indiana University-Purdue University at Indianapolis for annual graduate summer institutes in severe disabilities. Numerous small inservice presentations also were conducted. The project director presented in Tennessee, Arkansas, Alabama, Maine, and New York on the Mentor Teacher Training Project and Indiana Census Activities.

**Evaluation and Project Management**

Although not listed here as separate components, the project staff spent considerable time on evaluation activities and project management. Evaluation was conducted throughout the project period by project staff and an external evaluator. A variety of evaluation measures were used and a summary of each evaluation was reviewed by project staff. Copies of the evaluations are on file in the project office and are available for review.

Project management was designed to ensure that the activities of the Indiana Deaf-Blind Services Project were completed according to schedule. Management activities included regular staff meetings to monitor timelines, project reports submitted to OSEP as required, and coordination with relevant individuals, programs and systems. Semi-annual meetings of the Indiana Deaf-Blind Services Project Advisory Committee were also a part of this component. The Advisory Committee was comprised of 19 members, eight of whom were parents of children with dual sensory impairments.

# Section V
## Project Problems and Impact

As in the preceding sections, Section V is organized around each of the project components. Within each component, specific problems encountered and the impact of the project are discussed.

**Component 1.0: Identification, Registration & Tracking**. In carrying out specific activities to meet the objectives under this component, the project encountered two problem areas. These include underreporting in rural areas and a difference between the reporting from the public school CODA sites and the community agencies; particularly those agencies serving the birth - two population.

Although the number of Indiana children and youth with deaf-blindness is within the expected range for the state, it is likely there are additional children who have yet to be identified. There was improvement in identification of infants in the state; however, the census numbers continued to show underrepresentation in rural areas. This was attributed to different persons reporting in those areas from year to year and an apparent lack of understanding of the functional definition of deaf-blindness used by the state. For example, one young girl who has maternal rubella and had been reported to the census for several years was removed and then reported again during the next census year. The reporter indicated the young girl was not totally blind and deaf, therefore she was not reported.

During the project period, the school reporting system has improved in accuracy and consistency due to the linkage with the state CODA system. However, the community agency reporting has become more confused and inconsistent. Although the deaf-blind census reporting procedures have remained the same for the community agencies, the entity responsible for the overall December 1 child count has changed for these agencies. For example, during the 1994 child count, the community agencies were first notified that they would report their birth through two children to the Part H agency and their 18-21 youth to the Indiana Department of Education. Within two weeks the community agency personnel were notified that they should report all of their children and youth to the Department of Education, as they had in the past. This resulted in confusion and was reflected on the deaf-blind census by a decrease in overall agency reporting. This confusion also increased the problem of tracking a student from a community agency placement to a public school.

Despite these problems, census procedures were streamlined, more accurate information was obtained, and children in Indiana were identified by more agencies and public schools. Continued coordination of effort between the Indiana Project and the Indiana Division of Special Education was an important part of these successful efforts. Census information supporting these conclusions can be obtained in the Indiana census reports filed with the U.S. Department of Education.

**Component 2: Technical Assistance.** Technical assistance provided by the project was divided into three areas: consultation, training, and information/referral. Within the areas of consultation and training, project staff encountered several common difficulties. In terms of consultation, the main difficulties appeared to be follow-up activities and having only one person to deliver the technical assistance. Project staff responded to these difficulties by the use of mentor teachers for both follow up and technical assistance delivery. In addition, action plans were used as a strategy to assign accountability to the service providers requesting technical assistance for the implementation of recommendations.

A main difficulty with the training portion of the technical assistance was that most of the training was at an awareness level rather than the implementation of skills. Just explaining about the impact of vision and hearing loss did not necessarily translate to appropriate goals and objectives or classroom strategies. Training activities were successful and well received for what they were designed to do; however, it became apparent that follow up specific to the children receiving services should be implemented. This would ensure that the information learned would be translated into specific classroom strategies and appropriate outcomes. This type of approach was implemented during the Mentor Teacher activities and was highly successful.

Since this component was a major portion of the project, it was to be expected that it had significant impact on children and youth with deaf-blindness and their families in Indiana. The impact was evidenced in a variety of ways. The most direct effect resulting from technical assistance consultations was that the project staff worked with IEP teams to develop more comprehensive programs, particularly in inclusive settings. Project staff worked as an IEP team member in approximately 30 instances; 14 of which were in inclusive settings. As a result of all consultations during the project period, information and/or technical assistance was provided in over 20 topic areas, including: adult services, advocacy and self determination, educational curriculum, language systems, transition planning, early identification, and recreation/leisure. Consultations resulted in both more technical assistance requests and more follow up per child.

Fifty-three requests to the Indiana Deaf-Blind Services Project resulted in 150 on-site visits to schools, agencies and families during the 1992-95 project period. The following vignettes provide a sample of requests for technical assistance.

> Joshua is eleven years old. He attends a junior high school in Indianapolis. Joshua's visual impairment is due to Leber's Congenital Amaurosis. He has light perception only. His hearing loss is in the moderate to severe range and he uses a hearing aid for amplification. Joshua uses a wheelchair for mobility and "wheels" himself in familiar surroundings. He lives with his mother, father, and sister, Jennifer, who is also deaf-blind. Requests to the Indiana Deaf-Blind Services Project have been for training of school personnel and the home-school facilitator, development of appropriate communication systems, and development of appropriate goals and objectives which can be implemented across home, school and community settings. Appendix A provides a history of the technical assistance provided through the Indiana Deaf-Blind Services Project from 1992 through 1995.

Mida is seven years old. She attends an elementary school in a rural area. Mida's visual and hearing conditions are the result of anoxia at birth. She has some light perception in the left eye. Mida's hearing loss is in the profound range. She has significant physical disabilities and requires maximum physical assistance in all aspects of daily living activities. Mida lives with her mother and father. Requests to the Indiana Deaf-Blind Services Project for technical assistance came from both the family and the special education district supervisor. Mida was fully included in her kindergarten and first grade classrooms. Problems arose during the first grade year and the district set aside four dates for team meetings to address problems. The primary difficulty appeared to be one of how to address Mida's unique needs in the general education setting. Appendix B provides samples from the work done by the team to address Mida's needs.

Karen and Bachie are 22 and 20 respectively. Throughout their school careers, both women were educated in out-of state educational programs (paid by Indiana's Department of Education). They were to transition back to their homes in Indiana. Although very different, both Karen's and Bachie's deaf-blindness is attributed to maternal rubella. Requests for technical assistance were made by the home school districts (Indianapolis and Gary). The Indiana Deaf-Blind Services Project submitted a Technical Assistance Request Application to HKNC-TAC to assist with their transition. Transition technical assistance services included locating new homes, funding, jobs, recreation/leisure activities, support personnel, orientation and mobility training, and refinement of communication systems. Appendix C provides a map of their journey to date. A book and videotape specific to their journey is due to be published in spring, 1996. This project is a joint venture of the Blumberg Center (home of the Indiana Deaf-Blind Services Project) and the HKNC-TAC Project.

**Component 3.0: Resource Materials Center.**

The activities and objectives in component 3.0 have remained consistent since Indiana became a single state project in 1986 and, therefore, project staff have been able to collect extensive materials. During the project period there were few difficulties encountered in completing the activities in this component. As with most libraries, the predominant problem was keeping materials current. In addition, from available usage data, it became apparent that changes were occurring as to how the materials were accessed.

In order to update the library materials, a graduate assistant reviewed materials and eliminated those which were out of date and/or not specific to deaf-blindness. This resulted in a decrease of approximately 300 items in the materials center. Another method of keeping current was to access D-B Link for bibliographic listings on specific topics or information requests. These were cross referenced with resource center materials and, at times, resulted in the acquisition of new items.

Aside from keeping current materials in the Resource Materials Center, the main issue during the project period was a change in direction in how the library was used. Rather than having the materials accessed directly by parents and service providers, library materials were more often used as a result of technical assistance activities. This usually involved project staff forwarding

specific materials to service providers and families following technical assistance visits and/or telephone contacts. These materials provided support to service providers and families and expanded the knowledge of deaf-blindness through their distribution. Overall, approximately 150-200 persons per project year received materials from the Resource Materials Center either through technical assistance or direct requests.

**Component 4.0: Mentor Teacher Training.** The actual implementation of the mentor teacher training program was very successful during this project period. However, it was apparent that the number of service personnel completing the training and providing mentor services were fewer than the original expectations. In the initial planning with TRACES, it did not seem unrealistic to expect that 12 to 14 persons would complete the training and provide mentor services. In fact, only six teachers completed the training and, of that six, three provided mentor services for the project. The unrecognized factors accounting for this phenomenon were: movement of teachers out of the state, changes in job responsibilities, and the natural attrition found in any program.

Although only three participants provided mentor services for the project, the mentor teacher program provided training to more than 30 other persons over the three year period. Participants acquired knowledge and skills in best education practices with students who are deaf-blind and have multiple disabilities. The mentor teacher program was presented at the Hilton Perkins National Deaf-Blind Conference. In addition, the mentor teachers developed mentor teacher process guidelines which were used as a model in the development of programs in other states.

As a result of this training program, mentor teachers provided technical assistance services to many children and youth with deaf-blindness throughout the state of Indiana. For example:

- An Amish family in Northeast Indiana have three children with Usher Syndrome, Verna, Jacob, and Irene. Their family physician contacted the Indiana 307.11 Director who, along with a mentor teacher, visited the family and the school. No educational services specific to children who are deaf-blind had been provided. The teacher and mother identified Verna, Jacob, and Irene's educational needs for communication systems, orientation and mobility, functional skills training, and home adaptations within the Amish culture. The mentor teacher worked at school and in the home to meet these needs.

- A mother with two infants, who are deaf-blind and have complex health care needs, and a rural community service provider requested assistance to train nurses, respite workers, and the early intervention teacher. A mentor teacher was assigned to work with the family to meet those needs.

- A general education teacher in an urban school district is working with Josh, a student who has Friedreich Ataxia. The teacher, along with the vision and hearing teachers, requested assistance in instructing tactual sign language to Josh. Since a mentor teacher has provided ongoing assistance, the educators commented, " . . . this has helped the teacher and his classmates learn his communication style and how to socialize with him."

**Component 5.0 Parent/Family Network.** The activities under component 5.0 were designed to provide support and training to families of children with deaf-blindness, as well as opportunities to link with other families and professionals. The project experienced mixed results on these activities. While activities were successful for those that participated, there was continuing difficulty in reaching a larger number of families. For example, although preliminary surveys indicated a high interest in both parent support weekends and the one day resource workshop, there was relatively low attendance at these functions.

Other problems encountered by project staff included the location of the toll free line and locating parents who were able to commit to writing a column for the newsletter. The project initially established a toll free line for families to access information about deaf-blindness at the IPIN offices in Indianapolis, IN. During this period, the project supported an IPIN staff person to work 8 hours per week for the deaf-blind project on parent activities and answering the toll free line. While the collaboration with the IPIN organization was a benefit to the project, it became apparent that a more direct link between the person requesting assistance and the project was needed. During the last year of the project period the line was moved to the Project offices in response to this problem and an increase in calls from families was noted.

Despite the enthusiasm of parents on the advisory board and from surveys for a parent column in the newsletter, attempts to locate parents to write the column were unsuccessful. This was due partially to an inability of the parents to commit the time necessary for the task and a lack of time for project staff to continue looking for new parents. Discussion at board meetings produced possible solutions such as using student consumers to write a column or requesting single submissions from different parents/families.

A major impact of this component was as a result of the personal futures planning parent support weekend. Of the eight families attending the weekend, four of them used the training they received in case conferences and transition planning for their sons and daughters. In addition, the service providers who attended the weekend used the training with other students throughout Indiana. During all of the weekends, university students who worked with the children indicated through their evaluations that they learned new information that they could use in their professional development as teachers.

The toll free line increased the number of calls both from families and service providers requesting technical assistance. In addition, more information on deaf-blindness was requested and disseminated due to the increase in calls to the project offices.

**Component 6.0: Evaluation/Identification of Infants and Toddlers.** The workshop portion of this component was very successful. However, the problems encountered in implementing other portions of this component resulted from coordination difficulties with Indiana's Part H system. These coordination problems resulted from changes in Indiana's Part H programs and in program personnel. Because Part H moved to a county based system and incorporated a variety of changes over the period, it became impossible for project staff to carry out the original focus of this component. Systems change was impossible as the system itself was not fully developed during the project period. For example, the project was to ensure that IFSP's for the 16 priority

one infants on the deaf-blind census reflected best practices, but, over the three year period, the IFSP form was changed four times with a different focus each time.

As a result of the Indiana Deaf-Blind Services Project, the Part H lead agency, and the Indiana Early Childhood Training and Coordination Project, inservice training on assessment and evaluation of infants and toddlers with deaf-blindness was provided to 60 participants. The evaluation data obtained from the teams trained indicated that the information was useful and that it could be implemented in their local school settings.

**Component 7.0: Transition.** This component of the project was designed to improve transition services for students with deaf-blindness through the use of a Personal Futures Plan approach and coordinated state training system. Overall, the activities in this component were very successful. Coordination with the HKNC-TAC project was a primary reason for the success of the transition activities in Indiana.

The effects of this component were widespread. The most significant impact was that the different organizations/agencies working with young adults who are deaf-blind learned to work together using an action plan process in planning effective transitions from school to adult living. The process was captured in a book called *Planning Today, Creating Tomorrow: A Guide to Transition* which was developed in conjunction with project staff, HKNC-TAC staff and a private consultant.

Another significant outcome was that a supported living service provider was assisted in developing a grant to establish housing options for 10 to 15 youth with deaf-blindness over the next five years. The grant was funded through the HKNC Affiliate Project.

In addition to system level changes, two young women with deaf-blindness were successfully transitioned back to Indiana from out of state school placements. Supported living, employment, and community activities for both young women were the outcomes. *Planning Today, Creating Tomorrow* uses their transition stories to illustrate the processes involved. Appendix C describes some of the activities involved in their transition.

**Component 8.0: Technology**. This component focused on coordination with the Indiana Technology Related Assistance for Individuals with Dual Sensory Impairments Project (ITRAID) to provide information and training about technology to children and youth who are deaf-blind. While coordination continued throughout the project period in regard to specific technical assistance requests, a change in the focus of the ITRAID Project resulted in a different method of training. The training focus of ITRAID shifted from small inservice training workshops to the training of service providers from adult and educational agencies at regional and statewide conferences. Therefore, the seven Indiana Special Education Roundtables received information and training through regional conferences rather than direct presentations at each roundtable.

During the three year project period, the greatest impact of the technology component was the dissemination of information from the ITRAID Project about adaptations, special equipment,

access, laws, and advocacy to teachers and families. In addition, staff from the ITRAID Project presented at the Parent Support Weekends and Mentor Teacher trainings. This resulted in a greater knowledge of technology related materials and issues.

**Component 9.0: Dissemination of Information.** The purpose of this component was to provide information about the Indiana Deaf-Blind Services Project to parents, programs and systems throughout Indiana. The dissemination activities were both well received and the number of persons receiving information increased over the project period. The result of this increase was that the project became more widely known and more information about deaf-blindness was distributed across the state and nation. Some examples of increased dissemination included:

- An increase in the number of newsletters published as the mailing list increased
- Multiple requests to reprint specific newsletters articles in other newsletters or to duplicate the entire newsletter to include in training packets.
- An increase in the number of inservice trainings and presentations on the effects of deaf-blindness on educational programs.

A monograph on the etiologies of deaf-blindness, produced by the project, was disseminated to all of the deaf-blind projects across the United States and to each special education district and community agency in Indiana. The monograph, *Profiles: Individuals with Deaf-Blindness*, was also distributed to approximately 100 other persons, both nationally and internationally, who submitted requests to the project.

Approximately, two thousand brochures about the Indiana Deaf-Blind Services Project were distributed during the 1992-95 project period. Another 500 brochures about the mentor teacher program were disseminated as well. A newsletter, *Information Updates*, was published and distributed to a readership of over 1000 families and service providers. Presentations at state and national conferences occurred throughout the period. Increased requests for services were also an outcome from a number of the dissemination activities. In addition, new children and youth were reported to the Indiana Project as a result of dissemination efforts.

## Section VI
## Assurances

Further information on the activities described in this report may be obtained by contacting the Indiana Deaf-Blind Services Project, Blumberg Center, School of Education, Room 502, Indiana State University, Terre Haute, IN 47809. Two copies of this report have been sent to the U.S. Department of Education, Office of Special Education Programs/DPAP/POB, 600 Independence Ave., S.W., Room 35123 Switzer Building - CFDA No. 84., Washington, DC 20202-2642. One copy was forwarded to the ERIC Clearinghouse at ERIC/OSEP Special Projects, ERIC Clearinghouse, Council for Exceptional Children 1920 Association Drive, Reston, VA 22091.

The final budget report was prepared and forwarded under separate cover by the grants and contracts office at Indiana State University. For further information regarding this portion of the final report contact Mark Green, Grant, Contract and Loan Administrator, Office of the Controller, Indiana State University, Terre Haute, IN 47809.

# Appendix A:

## Technical Assistance Sample

# CONSULTATION REPORT
## Deaf/Blind Telephone Intervention

DATE: December 3, 1993
STUDENT: Joshua
CONTACT: Barbara
CONSULTANT: Brent Bailey

Re: Family has concerns that include a) the length of time allowed Joshua to complete the morning routine, b) Joshua's absence from scheduled activities at school, c) the level of participation expected of Joshua during routines (difference exists between family and instructional assistant), and d) family cannot determine the extent to which progress has been made toward IEP goals & objectives.

### BACKGROUND

Joshua currently receives one-to-one support both at home and in school. Morning routines vary from 7:30 to 9 am when carried out by parents and 7 to 11:30 am or longer when carried out by the instructional assistant. Participation in school activities and the opportunity to receive related services (e.g., PT) have been effected by this situation. Differences in opinion also exist relative to instructional procedures (cues and prompts) and the degree to which IEP goals are being addressed in the school schedule and lesson plans.

### GENERAL RECOMMENDATIONS

I. Reconvene the IEP committee to discuss a) progress made to date and clarification of the short-term objectives targeted to accomplish goals, b) the daily/weekly routines and schedules, and c) the instructional formats being instituted to teach skills.

II. Videotape Joshua's morning routine as performed with parent (mother) and as performed with instructional aide.

III. Consider obtaining outside consultation to help review Joshua's Individual Educational Plan.

SUGGESTIONS FOR REVIEW OF THE IEP

1. Generate a Priority List of Skills and Activities considered important to the family.
2. Compile the family schedule of times, routines and activities to help convey why the Priority List is valid.
3. Determine which environments would be considered appropriate for instruction of the priority skills and what activities/environments the family would prefer Joshua not participate in.

Factors to consider when determining instructional environments

- Joshua's age
- Interaction opportunities with peers without disabilities
- Environments used by family/near family's home
- Opportunities for practice
- Joshua's ability to generalize skills
- Joshua's ability to transfer routines from school to the community

4. Determine appropriate amounts of instructional time for routines, based on what family knows is possible for Joshua. Also determine how often he should receive instruction in each environment and/or activity in order to reach what is considered an appropriate goal or objective. Determine what the family believes is a reasonable amount of time to spend in an activity or environment. For example, is 2 hours appropriate for grocery shopping?
5. Developing a Schedule requires the following information be in place:

- target skills identified
- environments where instruction needs to be provided
- amount of instructional time required
- relevant information about the environments
- what staff are available to teach

SUGGESTIONS FOR MAKING DECISIONS ABOUT INSTRUCTION

Conduct a discrepancy analysis to assess Joshua's performance doing particular tasks. Then make decisions about missing skills as to whether there is a need to teach the skill, develop a different skill, create an adaptation, partially help Joshua, or have someone else perform some part of the task.

1. Decision to Teach:
   a) Is Joshua motivated to perform the skill, action, or sequence?
   b) Are there any interfering circumstances (e.g., behavior) that need addressing at the same time?
   c) What are the past experiences with Joshua's learning rate, style and abilities that indicate the skill is attainable in a reasonable period of time.

2. Decision to Teach an Alternative Skill:
   Substituting an alternative skill for a discrepant skill (e.g., push vs. pull, or slide vs. pick-up) is appropriate as long as it is age appropriate, not stigmatizing, can be taught in a reasonable amount of time, and gets the job done.

3. Decision to Adapt:
   An adaptation is defined as a device or procedure that allows a person to perform all or part of the task/skill. It can enhance performance, compensate for missing skills, or help people acquire new skills. Providing personal assistance is a form of adapting and refers to verbal, gestural, physical or supervisory assistance by another person. It is different than teaching a skill because the purpose is to assist rather than teach.

4. Decision to Modify a Skill Sequence:
   This can mean changing the normal order of tasks (e.g., get all supplies at one time). It also can mean readapting rules or norms of a sequence (e.g., leave early for recess, hand in work at end of day vs. end of period, eat over two lunch periods if more time is needed).

5. Decision to Modify Physical Environment:
   This is any type of adaptation that changes the environment (e.g., ramps, braille on Tyme machines, auditory signals at crosswalks, lower cabinets, flashing lights for alarms, etc...)

SUGGESTED EXAMPLE FOR MORNING ROUTINE

Wake Up Routine

Long Term Goal: Joshua will complete the following morning routines within 60 minutes with no intervention from his parents, on 8 out of 10 consecutive week days.

1 - Wake up in response to vibrating alarm
2 - Take off PJ top while still in bed
3 - Brush teeth
4 - Wash face and hands
5 - Comb/brush hair
6 - Assist with putting on clothes

Short Term Objective: Joshua will complete the following morning routine within 15 minutes with no more than 4 indirect verbal cues from his parents on 3 out of 5 consecutive week days.

1 - Wake up in response to vibrating alarm
2 - Take off PJ top while still in bed

Assuming the above goal was in place should not imply that Joshua does or does not do other parts of the routine. Joshua might be able to do some steps already. He also might be excluded from some activities altogether (e.g., setting the table for breakfast) or receive personal assistance to complete other sequences (e.g., take shower). The goal above is not inclusive of everything that occurs in the morning. The goal is what the team, including the family, believes is possible and appropriate for Joshua. It is based on his and the family's needs, as well as his personal strengths and potentials.

SUGGESTED QUESTIONS TO ASK ABOUT JOSHUA'S IEP

For EACH short-term objective leading to each annual goal, the following are useful questions. Question #2 should be answered on the IEP itself. Questions 5, 6, 7, and 8 can be written in on the IEP.

1. How will I know if progress is being made?
2. What tools and methods will be used to measure Joshua's progress (e.g., observation, data materials) and will the measure clearly show whether improvement is occurring (e.g., Joshua finishes brushing his teeth in 5 minutes when it used to take 10 minutes).
3. Who will use these methods and measure the progress? (e.g., special education teacher, regular education teacher, speech therapist, social worker, P.E. teacher;

physical therapist, etc?)

4. How often (e.g., daily, weekly, monthly, quarterly,) will progress be measured?
5. How will you communicate (e.g., in writing, with graphs, on data sheets, with home notes, progress reports, by telephone, in person, at regular formal or informal meetings) this information to me?
6. How often (e.g., daily, weekly, monthly, quarterly) will you communicate with me?
7. How should I communicate to you (e.g., home notes, progress reports, diary, by telephone in person, at regular formal or informal meetings) my perceptions of the effectiveness of Joshua's program?
8. How often (e.g., daily, weekly, monthly, quarterly) should I communicate this information to you?
9. If little or no progress is being made to achieve one of Joshua's short-term objectives, how will you decide what to do? Will I be involved in that decision? If so, how?
10. Joshua will be spending most of his time where? (e.g., regular education, the community, home). How will the special education services be coordinated? Will these services interfere with Joshua's favorite school activities (e.g., swimming)?
11. How will Joshua's programming improve the family life at home?
12. How will programming support the family schedule?

These questions, and any others the family feels are relevant, should be used to help get specific answers the concerns they are experiencing. The ecological inventory forms attached to this report could be used to structure the team's efforts. A balanced program and schedule includes both a variety of opportunities and appropriate time periods in all five domain areas. They include the community, home, vocational settings, integrated school environments, and recreation and leisure activities.

# INITIAL SUMMARY OF PRIORITIES

Name: Joshua
Grade: Jr. High

Dates information was gathered:
1/95 2/95 3/95

## PARENTS/FAMILY

1) Communication (Receptive/expressive)
   - make choices
   - how do we give Josh info; how do we get info
   - identify a system
   - signs — learning more
2) Self-help (personal management)
   - domestic — cooking, clean-up (more independent)
   - eating/drinking
3) Simple travel routes - Place A ➡ B
   - wheelchair
4) Interacting with peers: greeting, turntaking, playing games
5) Identify work skills
   - job in the future

## STUDENT PREFERENCES

## HOME/SCHOOL FACILITATORS

1) Communication
2a) Self Help - 1. Dressing
2. Bathing etc., flush toilets
2b) Meal Prep - Lever on toaster
3a) Increase Mobility
1. Walker
2. Wheelchair
3b) Increase balance/speed
4) Develop peer relationships
5) Vocational skills

## TEACHERS/OTHER STAFF

1) Make choices: activities, food, toys, places
2a) Increased independence - dressing, hygiene, & eating
2b) Consistent behaviors across all environs:
bathroom anywhere
drink from cup anywhere
dress/undress
accept therapy

— And consistency of people's reactions

3a) Increased mobility:
crawling; in & out of chair
off/on toilet; walker
3b) Increased exploration of familiar environs
4) More interaction with peers
5) Work

# PREFERENCES 1-10-95

| Things That Work!<br>create interest, motivation, enthusiasm, pleasure | Things That Don't Work<br>create boredom, frustration, upset |
|---|---|
| GO, GO, GO | MEDICINE |
| LAUGH | BRUSHING HIS TEETH |
| WALKS, LONG RIDES | MORNING ROUTINE WITH MOM |
| SWIMMING | JELLO |
| DAVID | PHYSICAL THERAPY |
| BEING OCCUPIED | WAKING UP FROM SHORT NAP |
| MAYBE MOVIES | SHORT RIDES IN CAR - LESS THAN ½ HOUR |
| VIBRATIONS | BLOOD TESTS |
| SCHOOL | CRIES WHEN HE IS HURT |
| MUSIC | SOMETIME SPAGHETTI |
| SINGING | COLD FOODS |
| RIDING BUS | SWEETS |
| ACTIVITIES OF PEOPLE AROUND HIM | SODA POP - POSSIBLY BECAUSE OF TEETH |
| SOCIALIZING | FAN BLOWING IN FRONT OF HIS FACE |
| MALLS | DON'T RUSH HIM! |
| UNION STATION | SNOW |
| WRESTLING ON FLOOR, BED | GRASS |
| WATERBED | "IFFY WITH CATS AND DOGS" |
| PLAYING ON WATERBED | CORRECTION |
| DISCOVERY ZONE | DRINKING FROM CUP FOR MOM AND DAD |
| BEING ALONE, TIME TO HIMSELF | FUZZY THINGS |
| CAR | POM, POMS |
| PIZZA | STROBE LIGHTS |
| TOAST | WASHING HIMSELF |
| STANDER - "FREEDOM" | |
| SHOWER | |
| GIVE AND GET HUGS | |
| PANT LEGS DOWN | |
| PLAY WITH SHOES AND FEET | |
| PLAY WITH JENNIFER WHEN IN MOOD | |
| PLAY BALL - THROW-UP | |
| PRAISE | |
| STICKING TONGUE OUT | |
| IN CONTROL OF SURROUNDINGS | |
| LONG NAPS | |
| ECHO - HALLWAYS, BUILDINGS | |
| HEARING AID IN | |
| CROWD NOISE | |
| LIGHT | |
| CLOSING DOORS - BATHROOM, KITCHEN | |

# Joshua A's
## ACTION PLAN

Date: February 17, 1995

| TASKS TO BE COMPLETED | PERSON(S) RESPONSIBLE | TIMELINE |
|---|---|---|
| 1. Schedule meeting with Karen & Carolyn discuss CBI, classroom & S-5 wrap issues- Participants: Michele, Karen, Carolyn | Michele | 2/17/95 |
| 2. Schedule follow-up meeting to identify issues for Brent conference call. Participants: Michele, Karen, Carolyn, Steve, David & Karen Goehl. Hopefully March 7th or 8th | Michele | 2/17/95 |
| 3. Conference call scheduled at John Marshall. Thursday, 23rd, March-tentative 2:00 - 2:30. Participants: David, Steve, Michele, Karen, Carolyn, Karen G., Melinda, Michelle | Karen & Michele | 2/22/95 |
| 4. Coordinate with Brent Bailey visit to assist with development of CBI and communication system | Karen G. | 2/22/95 |
| 5. Inform family of outcomes from IPS, YFS, In D-B Service. Meeting on 2/17/95. Case coordinator - Karen Goehl next steps | Karen | 2/18/95 |
| 6. Clarify placement question asked by Dan & Barbara regarding Josh's applying to In School for the Blind. e.g. outreach services, residential services, application services. | Karen | 2/18/95 |
| 7. Postpone family meeting 2/23/95, until training/curriculum meetings—have occurred (3 meetings-see-1, 2, 3 on Action Plan—Karen Goehl to be invited to next meeting | Steve & Michelle | 2/20/95 |

Indiana State University

Blumberg Center
for Interdisciplinary Studies in Special Education

April 5, 1995

To: Dan & Barbara

From: Karen Goehl

Subject: Follow-up to Technical Assistance visit , March 30-31, 1995 - Draft of Goals & Objectives, Lesson Plans, Data Sheets, Weekly Schedule, Activities & Goals Matrix

Hi there. Enclosed are a number of items for you to review before our April 21st meeting. They include:

draft of goals and objectives for communication, mobility, weight bearing and balance, social, and fine motor

communication plan

lesson plans (preparing breakfast, washing a load of clothing, and purchasing a snack) with accompanying data sheets

Brent also is mailing directly to you and other core team members a "draft" weekly schedule and matrix of activities and goals. It's important that you both review all of the items. Some of the questions you (as well as other team members) might want to ask yourselves include: Is the information understandable? Are the goals and objectives appropriate for Joshua as written? Are there additional goals and objectives you will want to discuss? Both Brent and I will be calling you within the next two weeks to discuss the enclosed materials.

Finally, it's my understanding that the meeting on April 21st ( at the Youth and Family Services Office (5:45 p.m. or earlier?) is what Brent refers to as a "Crafting Session," preliminary to the Annual Case Review. scheduled tentatively for April 25th. The April 21st

School of Education 502, Terre Haute, Indiana 47809-5501
Telephone: (812) 237-2830 Fax: (812) 237-8089

TDD: (812) 237-3022 Special Net: InBlumberg

meeting will last one hour. The topics will include: 1) IEP goals and objectives discussion, 2) S-5 wrap services for upcoming year, 3) summer school, and 4) placement options for the upcoming year. This meeting is an opportunity for all members to share information and explore options appropriate for Joshua's educational program. It's my understanding that the participants will include both of you, myself, Brent, Michele, Steve, David, Carolyn and/or Karen.

cc: Steve, David, Michele, Carolyn, Karen

COMMUNICATION
Goal: Joshua will develop his visual capabilities to select appropriate communication pattern symbols during his morning routine at home and during free time at school.

Objectives:

1. While completing his morning routine at home with his instructional assistant, Joshua will reach out and touch his presented communication symbols for bathroom, shower, grooming & dressing, 4 out of 5 times when asked "What is next?"

2. While participating in free time at school with his instructional assistant, Joshua will reach out and touch his presented communication symbols for ball, scooter board, music/radio & mat exercise, 4 out of 5 times when asked "What do you want?"

MOBILITY
Goal: Joshua will develop his ability to move independently (i.e., wheel or scoot on the floor) across a variety of settings, throughout his daily routine in the community, at home and in school.

Objectives:

1. While completing his morning routine at home with his instructional assistant, Joshua will scoot on the floor from his bedroom to the bathroom with three or less verbal cues "Go to the bathroom Josh" and in 5 or less minutes.

2. While participating in his breakfast routine at home with his instructional assistant, Joshua will independently wheel himself from the entrance to the dining room to the bread drawer in the kitchen with three or less verbal cues "Go get the bread, Josh" and in 5 or less minutes.

WEIGHT BEARING AND BALANCE
Goal: Joshua will practice his standing balance with support across a variety of settings, throughout his daily routine in the community, at home and in school.

Objectives:

1. While completing his morning routine at home and with physical support from his instructional assistant, Joshua will stand at the sink in the kitchen and the washer in the laundry room for not less then 10 minutes and continue to participate in the activity at hand.

2. While participating in his community routine at the Washington Square Mall with his instructional assistant, Joshua will stand at the basketball game in the acrade and the rail in line at the MCL restaurant for not less then 10 minutes and continue to participate in the activity at hand.

SOCIAL
Goal: Joshua will greet people when prompted with a physical cue to wave "Hi" across a variety of settings, throughout his daily routine in the community, at home and in school.

Objectives:

1. Upon arriving at school with his instructional assistant and being greeted by his teachers and classmates, Josh will wave with 1 touch to his elbow, 4 out of 5 times, during the remainder of the school year.

2. While participating in his community routine at the Washington Square Mall and Expo Bowling with his instructional assistant, Joshua will greet the cashier at the MCL restaurant and the bowling attendent at the alley with a wave when he is touched at the elbow, 4 out of 5 times, during the remainder of the school year.

FINE MOTOR - Grasp and Release

Goal: Joshua will develop his ability to independently grasp and release objects and materials across a variety of settings, throughout his daily routine in the community, at home and in school.

Objectives:

1. While participating in his breakfast routine at home with his instructional assistant, Joshua will independently pick up the bread from the bread drawer in the kitchen and a slice of bread from the open loaf package with two or less verbal cues "Pick up the bread, Josh" and in 2 or less minutes.

2. While participating in the community activity of bowling at the Expo Bowling Alley with his instructional assistant, Joshua will independently take off his shoes in preparation to bowl with two or less touches to his shoe, 4 out of 5 times, and in 2 or less minutes.

3. While participating in free time at school with his instructional assistant, Joshua will independently take off his shoes in preparation for exercise activities with two or less touches to his shoe, 4 out of 5 times, and in 2 or less minutes.

4. While participating in his community routine at the Washington Square Mall with his instructional assistant, Joshua will hold and drink from a glass at the MCL restaurant , 3 out of 4 times during a 10 minute period.

5. While participating in his morning laundry routine at home with his instructional assistant, Joshua will independently reach for and grasp 5 separate items of clothing on the surface next to the washing machine, with only a physical gesture (pointing), and within a 5 minute or less period.

COMMUNICATION PLAN
Student: Joshua

INTRODUCTION OUTLINE
Domain: Domestic & School
Environments: Home & Classroom
Activities: Morning Routine & After Lunch Free Time

INITIAL VOCABULARY
Morning Routine: bathroom, shower, grooming, dressing
Free Time: ball, scooter board, music/radio, mat exercises

PHASES OF INSTRUCTION
Phase I

1. Establish the association between the symbol and the activity or object by teaching the skill of pointing at the symbol/pattern prior to the beginning of morning routine activities (e.g., bathroom, shower, grooming) and before providing preferred leisure objects (e.g., ball, scooter board) during free time.
2. Teach the visual skill of scanning (searching) and the visual skill of fixating (looking) at presented symbols.
3. Once the skills of scanning for and locating the symbols have been been addressed, the symbol targets should be reduced in size in a manner that is imperceptible to Josh (i.e., over the course of several weeks to months). An optimal size of symbol presentation should be determined before proceeding to phase II.

Phase II

1. Use the symbol/patterns to make requests (choices).
2. Arrange requesting to that indicate preferences. That is, provide Josh with two symbol/patterns at the same time but pair a highly desirable choice (e.g., ball) with a less desirable option (e.g., mat exercises). Determine the need for an even less desirable foil (e.g., drink of water) to be used at this stage to teach the skill of preference or choice-making.

Phase III

1. Expand the use of the current symbol/patterns to include usage in more environments and activities (e.g., requesting ball as a game at the acrade).
2. Expand Josh's vocabulary of symbol/patterns to include more variety (e.g., bowling, restaurant).
3. Expand Josh's choice-making to include presentations of more then two symbol/patterns (e.g., ball, swimming, drink).

INSTRUCTIONAL SEQUENCE
Morning Routine:

1. Ask Josh, "What's next?"
2. Present the symbol/pattern at midline and slightly above eye level.
3. Assist Josh to reach out and touch the symbol/pattern with one finger.
4. Hold his hand in place for a delay of about 3 seconds to give him a chance to visually orient to where he is touching, then proceed with the activity.
5. Show him the symbol/pattern once more during the activitiy.

Free time at School:

1. Ask Josh, "What do you want?"
2. Present the symbol/pattern at midline and slightly above eye level.
3. Assist Josh to reach out and touch the symbol/pattern with one finger.
4. Hold his hand in place for a delay of about 3 seconds to give him a chance to visually orient to where he is touching, then hand him the object that is represented by the symbol/pattern.

# ACTIVITY/GOAL MATRIX

Joshua

## Goals

| Daily Schedule of Activities | Mobility | Communication | Social | Grasp and Release | Visual | Other |
|---|---|---|---|---|---|---|
| Wake Up Routine | From Bedroom to Bathroom<br>From Hallway to Kitchen | Symbol Associations For:<br>Bathroom<br>Shower<br>Grooming<br>Dressing | | | Locate, Fixate & Eye/Hand Coordination using Symbols | |
| Breakfast Routine | In Kitchen to Bread Drawer<br>to Toaster<br>to table<br>to sink | | | Bread From the Bread Drawer<br>Bread Slice From the loaf<br>Cinnamon Shaker | | Weight Bearing at Kitchen Sink |
| Laundry then Lunch Prep or Grocery Shop | Through Doors and in line at Grocery Store | | | Items of Clothing into Washer | | Weight Bearing at Washing Machine |
| Free Time | | Symbol Associations For:<br>mat Exercises<br>Scooter Board<br>Ball<br>Music/Radio | Greet Peers and Teachers at School | Use Glass to Drink at Lunch | Locate, Fixate & Eye/Hand Coordination using symbols | Weight Bearing in the Freedom Stander |
| Community | In Mall:<br>to arcade<br>in arcade<br>to fountain<br>to table MCL<br>Bowling<br>to Lane | | Greet Cashier at MCL Restaurant<br>Greet Cashier at Bowling Alley | Use coins at arcades<br>Balls at arcade game<br>Glass at MCL Restaurant | | Weight Bearing at Basketball Game and in line at MCL. |

# JOSHUA'S WEEKLY SCHEDULE

| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| 6:30 am | HOME: WAKE-UP ROUTINE: | HOME: | HOME: WAKE-UP ROUTINE | HOME: | HOME: |
| 7:00 am | - BATHROOM - SHOWER | | BREAKFAST ROUTINE | | (SAME AS WEDNESDAY) |
| 7:30 am | - GROOMING - DRESSING | | | | |
| 8:00 am | BREAKFAST ROUTINE: | | SCHOOL: PT | | UNIVERSITY PT |
| 8:30 am | - PREP - EAT | (SAME AS MONDAY) | | (SAME AS MONDAY) | |
| 9:00 am | - CLEAN-UP | | COMMUNITY: | | COMMUNITY: |
| 9:30 am | LAUNDRY | | LAUNDRY MAT | | GROCERY SHOPPING |
| 10:00 am | LUNCH PREP | | GROCERY SHOPPING | | FAST FOOD SNACK |
| 10:30 am | | | | | |
| 11:00 am | SCHOOL: | SCHOOL: | SCHOOL: | SCHOOL: | SCHOOL: |
| 11:30 am | LUNCH | | | | |
| 12 noon | | (SAME AS MONDAY) | (SAME AS MONDAY) | (SAME AS MONDAY) | (SAME AS MONDAY) |
| 12:30 pm | MAT EXERCISES | | | | |
| 1:00 pm | FREE TIME CHOICES: | | | | |
| 1:30 pm | SCOOTER BOARD BALL MUSIC/RADIO | | | | |
| 2:00 pm | COMMUNITY: WASHINGTON SQUARE MALL | COMMUNITY: EXPO BOWLING ALLEY | COMMUNITY: | COMMUNITY: | COMMUNITY: |
| 2:30 pm | ARCADE | BOWLING | (SAME AS MONDAY) | (SAME AS TUESDAY) | SWIMMING AT THE ISLAND |
| 3:00 pm | FOUNTAIN MCL RESTAURANT | VENDING MACHINES SNACK | | | OR CHILDRENS' MUSEUM |
| 3:30 pm | ARCADE HOME: | ARCADE HOME: | HOME: | HOME: | OR OTHER |
| 4:00 pm | | | | | |

LESSON PLAN

Student: Joshua
Domain: Domestic
Environment: Home - Kitchen
Activity: Preparing Breakfast
Time:
Goals: Weight bearing & balance; reach, grasp & release; wheeling

| Activity Sequence<br>Teaching Procedures | Student Behavior |
|---|---|
| Wait for Josh in the dining room entrance area. | Josh wheels to dining area. |
| When Josh is in the area of the entrance, walk across the dining area to the kitchen entrance. | Josh follows to the kitchen entrance. |
| When Josh is in the area of the kitchen entrance, move to the area next to the bread drawer. | Josh follows into the kitchen over near the bread drawer. |
| Once Josh is positioned in front of the drawer, pull open the drawer and point to the bread inside. (Loaf may need to have 2/3 of the slices removed so that it is not too heavy.) | Josh reaches into the drawer, grasps the bread loaf, lifts it up and out of the drawer, and places the loaf on his lap. |
| | With assistance from teacher Josh closes the bread drawer. |
| Wait for Josh in the dining room area where toaster is located. | Josh wheels to dining area. |
| When Josh is in the area of the toaster, point to and tap the surface area where he is to place the loaf of bread. | Josh follows to the area where the toaster is kept and places the. loaf of bread on the counter. |
| Open the bread package and move a slice of bread forward to near the opening. Point to slice Josh is to grasp. | Josh reaches into the package, grasps one slice of bread, and removes it from the package without smashing or tearing it. |
| Using physical assistance (hand over hand), move with Josh to place the slice in the toaster. | |
| Point to and tap the lever that pushes the bread down. | Josh reaches for and pushes the lever on toaster. |

When the toast comes up, remove it, butter it, place it on a plate, and hand the plate to Josh to place on his lap. Wheel Josh over to the table.

Point to a shaker on the table, while preventing Josh from beginning to eat the toast.

After Josh finishes his toast, Josh is helped to place the plate on his lap. He holds it there as he is moved over to the sink.

Josh places the plate on his lap and holds it there as he is moved over to the table. At the table Josh lifts the plate onto the table.

Josh reaches for, grasps, lifts, turns and shakes a shaker over his buttered toast.

At the sink, Josh lifts the plate up and into the sink.

Student: Joshua
Domain: Domestic
Environment: Home - Kitchen
Activity: Preparing Breakfast

Teacher (T)
Student (S)

Key:
Independent (I)
Direct Verbal Cue (DVC)
Physical Gesture (PG)
[Point or Tap]
Physical Prime (PP)
[At wrist or elbow]
Physical Assistance (PA)
[Hand-over-Hand]

Dates Data Recorded:

| Instructional Cue (T)<br>Error Correction Procedure (ECP)<br>Reinforcement (R) | Target Behavior (S) | / / / / |
|---|---|---|
| T / Position self next to bread drawer wait for Josh to wheel over.<br>ECP / PA at elbows to wheel chair.<br>R / verbal praise. | Wheels to bread drawer in the kitchen area. | |
| T / Open bread drawer and point to bread in the drawer.<br>ECP / PP tap at elbow to reach.<br>R / verbal praise. | Reaches into the drawer and removes the bread loaf to his lap. | |
| T / Position self next to toaster wait for Josh to wheel over.<br>ECP / PA at elbows to wheelchair.<br>R / verbal praise. | Wheels to toaster. | |
| T / Open bread package, point to bread slice inside.<br>ECP / Remove smashed slice of bread. PA at hand to reach in and remove second slice.<br>R / verbal praise. | Reaches into the package. Grasps one slice without smashing the bread slice. | |

# Joshua
# School/Home Meeting
# December 14, 1995

**Issues discussed at home and school meeting:***

1. increased use of finger foods at mealtime.
2. replace arcade with other activity.
3. question about AFO's - are they too small (school question**).
4. use of sign for toilet reliable in school setting.
5. expand opportunities for wheeling at school.
6. expand opportunities for vocational experiences.
7. progress made drinking from glass - home - school, consistency.
8. access to pool at ISD.
9. use of spoon and lip closure with O.T. consult.
10. use freedom stander at school with school jobs.
11. school jobs - menu board, coin sorter.
12. where to take data.
13. transition strategies for high school placement (school**).
14. changes in daily/weekly routine.
15. opportunities for choice making.
16. changes in routines based on data collected to date.

* not necessarily discussed in the above order.

** discussed at school, not home—need to clarify at next meeting.

# Joshua A's
## ACTION PLAN

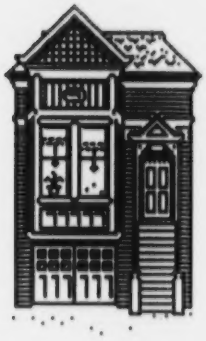
Date: December 14, 1995

| TASKS TO BE COMPLETED | PERSON(S) RESPONSIBLE | TIMELINE |
|---|---|---|
| 1. Targeted changes around routines<br>a) laundry—new activity sequence and data sheet to include wheeling to laundry room, washing own clothes and using detergent. | Brent, Barbara, Dan | Feb. 1, 1996 |
| b) bathroom routine<br>• school/lunch<br>develop activity sequence and matching data sheet to include task analysis. | Steve, Carolyn<br>Karen | Feb. 1, 1996 |
| Expand morning to include wheeling to bathroom and releasing own seatbelt. | Barbara, Dan<br>Steve, David | Feb. 1, 1996 |
| c) Kitchen<br>develop changes in activity sequence for food prep to include choice options (expand for toaster pastry, waffles). | Barbara, Dan, Brent | Feb. 1, 1996 |
| d) generate community activities to replace arcade. | Steve, David<br>Dan, Barbara | Feb. 1, 1996 |
| e) develop data sheets for prompted and independent wheeling targeting length of time to travel. | Carolyn, Karen | Feb. 1, 1996 |
| f) obtain menu board and coin sorter to implement vocational tasks at school with accompanying data sheet. | Karen, Carolyn | **Jan. 15, 1996** |
| g) generalizing drinking from cup at home to include task analysis, data sheet and steps for fading. | Barbara, Dan<br>Steve, David, Brent | Feb. 1, 1996 |
| h) initiate O.T. consult regarding lip closure. | Michele, Carolyn,<br>Karen | Feb. 1, 1996 |
| i) investigate use of pool at ISD. | Michele | Feb. 1, 1996 |

# Appendix B:

## Life Goals: Mida
## The Dream

# Life Goals: Mida
# The Dream



## Community

- ❑ Safe, Comfortable, Stable
- ❑ Shared
- ❑ Communication
- ❑ Preferences/ Interests Drive Activities

- ❍ **To be a part of the community**
  - go to the stores and not be treated as if she does not belong.
  - attend community events.
- ❍ **To have people in the community who understand her.**
  - not to be separate from the "community" or the average person—have them know who Mida is and treat her as a person.
- ❍ **Not to limit her world by making her or treating her "special."**
  - Mida has different needs than typical persons, but she does not need to be separate to have her needs met.
- ❍ **To act appropriately in different circumstances and situations.**
  - examples: being quiet during church services, being vocal at family functions.

## People

**Fun & Friends**

- ❑ Take Part in Community Activities
- ❑ Involved with People Other Than Paid Staff
- ❑ Communication
  - Neighbors
  - Community Members
- ❑ Support

- ❍ **To communicate basic needs.**
  - hungry vs. changing position
  - activity, changing diaper, environment, etc.
- ❍ **To have friends and people who care about Mida.**
  - unpaid persons who are concerned about her

# Life Goals: Mida

1. **To be a part of the community**
   - go to the stores and not be treated as if she does not belong.
   - attend community events.
2. **To have people in the community who understand her.**
   - not to be separate from the "community" or the average person—have them know who Mida is and treat her as a person.
3. **Not to limit her world by making her or treating her "special."**
   - Mida has different needs than typical persons, but she does not need to be separate to have her needs met.
4. **To communicate basic needs.**
   - hungry vs. changing position
   - activity, changing diaper, environment, etc.
5. **To act appropriately in different circumstances and situations.**
   - examples: being quiet during church services, being vocal at family functions.
6. **To have friends and people who care about Mida.**
   - unpaid persons who are concerned about her

10/20/94

# Concerns
(Generated at Staffins)

1. How to address life goals in 1st grade classroom.

2. Confusion about parents wishes
   - life goals—generated by parents
   - CBI—practice now

3. How to adapt 1st grade curriculum for Mida.

4. Teaming strategies to clarify programming.

5. Clarify role responsibilities—1st grade teacher, teacher of record, class room assistant.

6. Communicate with parents about expertise of team members and decisions of how things need to be taught.

7. Re-clarify procedures when Mida gets upset (e.g., re-position in Judy's room? Two persons—who is to do?

# IEP

## Adaptations in 1st grade classroom

**Choice-making**

- markers/crayons
- tape recorder (music) or story — Judy, headset, students — Logistics (place/plug-in)
- toys as reinforcers

✓ Identify different parts of body to activate switches.

✓ Possible materials:
  - Crayola playdoh
  - smellie markers
  - toys (adapted with switches)

✓ Develop:
  - listening centers
  - worksheet adaptations

- concrete objects
  - crayons, blocks (styrofoam)
  - represent letters
- abacus—use with other students
- clothes pins
- stickers
- software programs

# Related Services

| | *Service/Person* | *Time* | *Place* |
|---|---|---|---|
| **Monday** | Speech, Beth Phipps | 11:30 - 11:50 | MOMH Cafe |
| | | | |
| **Tuesday** | Speech, Beth Phipps | 8:15 - 8:30 | Mrs. Jones room |
| | | | |
| **Wednesday** | V.I., Sue Pierce | 8:00 - 8:30 | consult - MOMH<br>some direct - (lights) |
| | P.T. | 1:30 - 2:00 | cafeteria |
| **Thursday** | Speech, Beth Phipps | 8:15 - 8:30 | Mrs. Jone's room |
| | Motor enhancement (P.E. class) | 9:30 - 10:00 | cafeteria |
| **Friday** | Speech, Beth Phipps | 11:30 - 11:50 | MOMH, cafeteria |

10/20/94

# Mrs. Jones Daily Schedule

| | |
|---|---|
| 8:15 - 11:30 | Arrival<br>Attendance<br>Greetings<br>Circle - calendar<br>-day, weather<br>Language Arts<br>Reading, phonics |
| 11:30 - 12:15 | Lunch/recess |
| 12:15 - 2:00 | Story/taped phonic lesson<br>Language Arts<br>Math |
| 2:00 - 2:15 | Recess |

# Mida

10/20/94

## Preferences Map

| **Things that work** *likes* | *not sure* | **Things that don't work** *dislikes* |
|---|---|---|
| furry (fuzzy) animals<br><br>music (types)<br><br>rocking motions<br><br>vibrations<br>-long snake<br>-finger massage<br>-bead switch<br><br>koosh ball<br><br>interactions with other students<br>-voices<br><br>smells<br><br>popcorn kernels<br>-tub<br><br>body contact<br><br>stretching<br>-pull arms forward<br><br>morning person | glue?<br><br>lights "on-off" (sometimes responds/likes)<br><br>hand over hand activity? | foam<br>-shaving cream<br><br>wedge<br>-stomach<br>-back<br>-sidelying<br>-hands/knees<br>-doesn't like "open positions"<br><br>loud sounds<br>-sometimes will startle<br><br>licorice |

ACTION PLAN Date: October 20, 1994

| TASKS TO BE COMPLETED | PERSON(S) RESPONSIBLE | TIMELINE |
|---|---|---|
| 1. Smellie markers | Susie | 10/24/94 |
| 2. Materials - (book ahead of time as much as possible) | Judy<br>Sherry<br>Bethany | 10/31/94 |
| 3. Adapt calendar<br>tactile magnet - represent days, weather,<br>tape loops "It's Tuesday" | Bethany<br>Sherry<br>Ruth | 10/24/94 |
| 4. Three ring binder<br>-forms-each team member will write concerns as they work with Mida. Stays in Bethany's room. Extra sheets for Judy. | Barb | 10/24/94 |
| 5. Types of music | Beth P. | all semester |
| 6. Investigate loan of "Apple"<br>-get cart | Eileen<br>Bethany | 11/3/94 |
| 7. Report card | Judy<br>Bethany | 11/4/94 |
| 8. Consultation with It. H.I<br>Submit request for teacher | Bethany<br>CBSE | 11/4/94 |
| 9. Leader next meeting<br>-Agenda item<br>1) re-visit preferences; expand-smells<br>2) communication—how Mida tells us what she likes | Barb | |

# Kaizan

## Group Activity

(Positive Outcomes Generated by Team Members)

1. Brainstorming different ideas. (2)
2. Identification of roles
3. Helpful to know what responses other team members are getting from Mida.
4. Visually represent - likes/dislikes (2)
5. People with different expertise - sharing - team building.
6. Meet everyone
7. Support teams
8. Interest support of Superintendent.

# Minutes - November 30, 1994
# Mida's Team Meeting
# Central Elementary

Present: Judy, Barb, Bethany, Karen, Beth K., Beth P., Susie, Ruth, Sherry

The Action Plan from the October meeting was reviewed. All of the tasks were initiated; most were completed. Some of the items are ongoing (e.g., getting lesson plans ahead of time so that appropriate adaptations can be made).

Agenda topics for the team meeting included: adding information to Mida's maps (preferences, identifying opportunities in the class schedule for "Circle of Friends" activities, brainstorming ideas for curriculum adaptations, discussing Mida's communication system.

1. Team members updated the Preferences Map. To the "things that don't work" side, members added that Mida does not like hand over hand activities or low frequency sounds such as music with drum beats or bass guitar.

2. Team members discussed the 1st grade class schedule to identify opportunities for Mida and her classmates to work together and interact. It appears that one opportunity may be from 1:00 - 1:30 p.m. during the week and on "Fun Fridays." Judy indicated that these are times for classmates to share with each other. Some of the ideas generated included: starting a scrapbook, sequencing comic strips, sharing information about family pets, vacations, families, houses, and personal characteristics (hair color, eyes). Gathering information about Mida from her family was listed on the action plan.

3. Beth K. joined the team meeting today. She is consultant for students with hearing impairments. She encouraged work on choice making activities. Mida has a IEP goal specific to choice making, but it could be expanded to include numerous activities across the day. Beth also requested additional information about BSER results and Mida's use of hearing aids and/or vibrotactile devices. This concern was added to the action plan. Additionally, both Beth and Karen will investigate "hearing tapes" which have different songs, stories, etc. in different frequencies.

4. Mida's eye report needs to be updated. Susie will talk with Ann.

5. Some information was shared about beginning a portfolio of Mida's work with an accompanying video. Important information can then accompany Mida as she moves from grade to grade at Central Elementary. Karen will investigate.

6. The team will view a videotape at the next meeting in January about "Circle of Friends." Barb will provide the tape, Bethany and Judy will get the VCR.

7. Ruth will get Mida a name stamp to use for her paperwork.

8. Next team meeting on January 9, 1995 - 12:30 - 3:00 p.m.

# Mida's
## ACTION PLAN

Date: November 30, 1994

| TASKS TO BE COMPLETED | PERSON(S) RESPONSIBLE | TIMELINE |
|---|---|---|
| 1. Check on BSER results with Ann - Signed permission form | Bethany | 1/9/95 |
| 2. "Circle of Friends" Video and written materials | Barbara B. | 1/9/95 |
| 3. Tapes for children with hearing losses | Karen G., Beth K. | 1/9/95 |
| 4. Check about using lip glosses and lotions with Ann | Bethany | 1/9/95 |
| 5. Schedule time for peer group sharing | Bethany, Judy | 1/9/95 |
| 6. Portfolio Information | Karen G. | 1/9/95 |
| 7. Name Stamp | Ruth | 1/9/95 |
| 8. Christmas program information to Ann<br>-Gift Sharing<br>-Class Party Time<br>-Wheelchair access for Christmas program | Bethany, Judy | 12/3/94 |
| 9. Information from Ann about Mida's evening activities to share with peers at school | Bethany | 1/9/95 |
| 10. Check with Ann about Mida's vibrotactile aid and hearing aids | Bethany | 1/9/95 |
| 11. Update eye report | Susie | 1/9/95 |

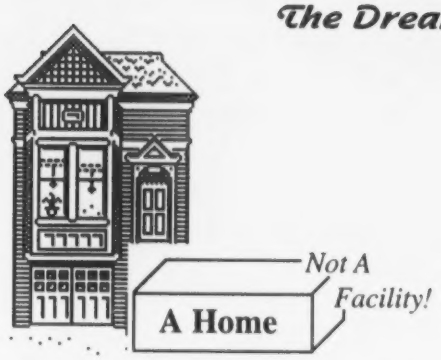
# Appendix C:

## Back Home Again in Indiana: The Road to Transition

## *Appendix J: Back Home Again in Indiana: Karen and Bachie's Transition Map*

Karen and Bachie's transition from out-of-state educational programs to Indiana began in 1992. The transition effort has involved individuals from education and adult service agencies. Appendix F provides a history of the team members' efforts to make Bachie and Karen's transition happen. A glossary of terms also is included to help with acronyms unique to Indiana. Throughout the map, boxes with solid lines indicate team meetings; dotted lines provide action plan items or information.

## *The Dream*




- ❑ Safe, Comfortable, Stable
- ❑ Shared
- ❑ Preferences/Interests Drive Activities
- ❑ Support (24 hour)
  - Householders
  - Respite

**Meaningful Work**

- ❑ ~~School~~
- ❑ Real Work, Real Job Setting, Real $$
- ❑ Support (Transition Specialists)

**Fun & Friends**

- ❑ Take Part in Community Activities
- ❑ Communication
  - Co-Workers
  - Neighbors
  - Community Members
- ❑ Support (Friends)

## *Back Home Again in Indiana*
## *The Road to Transition*

JUNE '92—Indiana Deaf-Blind Services Project contacted to assist with transition planning by:

- Indianapolis Public Schools,
- NW Indiana Special Education Cooperative,
- Perkins School for the Blind
- Chileda Institute.

Dialogue began—How to transition students from out-of-state???

JUNE '92—IEP Meeting—Bachie

Attending:

- IN Deaf-Blind Services
- HKNC Regional Rep.
- VR Counselor
- School Reps.
- Parent

Discussed Personal Futures Planning—to happen over the course of the year.

## *Vision of The Future*

AUGUST '92—Indiana Deaf-Blind Services Project Director attends PFP training in Atlanta.

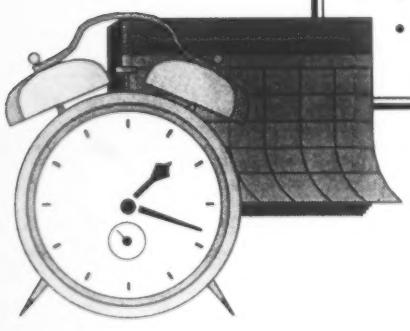
OCTOBER '92—Indiana Deaf-Blind Services Project submits application to HKNC-TAC to participate in interagency project, "The State and Local Team Partnership Model."

NOVEMBER '92—Decision to work directly with local teams rather than through the State and Local Team Partnership Model.

FEBRUARY '93
Team Meeting

- Info. gathered
- Plans for the Future
- Begin planning
- Timelines

|----|----|----|----|



MORE INFO. GATHERED

- Indiana Housing Finance Authority
  —Section 8
- City of Indianapolis Planning Division
  —Section 8
  —Purchasing programs

MARCH '93—FUNDING
Team Meeting

- SSI
- S-5 WRAP AROUND $$
- Medicaid Waiver $$
- Housing Programs
- Draft Budgets!!

APRIL '93
Two Team Meetings

Input From Adult Providers

- Videos of Karen & Bachie
- Input on budgets
- Assess interest of providers

S-5 Proposals Due

VIDEO - "Planning Today-
Creating Tomorrow"

PERKINS CHANGING PROGRAM FOCUS—Needed to make decision about when Karen would return to IN.

**MAY '93**
**Team Meeting**

Medicaid Waivers
- Karen - eligibility
- Bachie - eligibility

Providers
- Two interested
- Pro's and Con's

**JUNE '93**
**Team Meeting**

Housing
- Provider identified
- Negotiations with DOE scheduled
- Ads in paper for staff

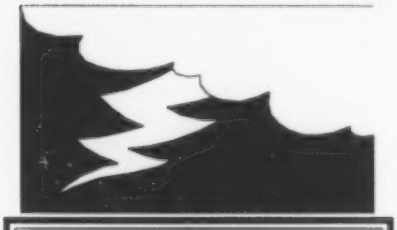
Funding (long-term)
- More ideas
- Letter—Line Item $$
- D/B Waiver???

KAREN COMES HOME FROM PERKINS!

AUGUST '93
Team Meeting

Budget Issues
- DOE budget negotiations had not occurred.
- Karen approved for Medicaid Waiver!!
- Tasks assigned to continue work on housing $$$.

Housing Status
- Looking at houses the next day.
- Meeting Karen's mother.



SEPTEMBER '93
Team Meeting

Medicaid Waiver (Karen)
- New case manager
- Developing plan of care

Residential Update
- **Provider did not attend!**
- **Concerns about communication and timelines**

IEI Rep. Joins Team!

*CONCERNS ABOUT PHILOSOPHY AND WORKING AS A TEAM!*

OCTOBER '93
Team Meeting

RESIDENTIAL UPDATE
- **Did not attend *again!***
- **Duplex sold—no housing**
- **Afternoon interviews with Transition Specialist cancelled**

**Concerns—**
- Responsibility for the Transition Specialists
- Amount of time spent with Karen
- Communication
- Housing/Timelines

TEAM DECISIONS:
- Need to rethink choice of providers.
- Need to be clear about what we want and need.

NOVEMBER '93
- Group assigned to work on Karen's PFP profile
- Initial taping for "Planning Today-Creating Tomorrow" video

NOVEMBER '93
Team Meeting

Personal Profiles
- Completed Karen's
- Need to do for Bachie

Respite
- Started calling!!
- Ad—Indy paper

Funding
- CHAS hearings
- Written comments

*CHAS HEARING IN BLOOMINGTON*

DECEMBER '93—Team members meet with staff from Options For Better Living in Bloomington:
- Options intrigued and excited
- Team members excited about Options
- Philosophies match!!

Concerns about:
- Long-term funding
- Training regarding sensory impairments

DECEMBER '93
Team Meeting

- Update on meeting with Options
  —interested!!!
  —concerns about staff training and long-term funding
- Update on CHAS hearing
- Karen (respite, ad in Bloomington paper for Transition Specialist, finances)
- Start making contact with Voc Rehab

State Announces
Plan For Decreasing
Medicaid Funding

*Options can't commit to new ventures in current funding climate.*

**JANUARY '94**
**Team Meeting**

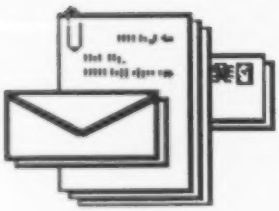
Review Background/
Clarify Mission

Concerns:

- Medicaid cuts
- Medicaid Waiver budget not approved—needs revision—provider must be identified!
- Options Board won't approve new clients without commitment of long-term funding.
- *Immediate* need for respite!

LETTER WRITING CAMPAIGN BEGINS!

TEAM SENDS LETTERS TO:
1) The Governor
2) DDARS, and
3) DOE—budget for K.



**FEBRUARY '94**
**Team Meeting**

- Governor's office response
- Options will do it anyway!
- Revised budgets include transition specialist and related services
- Respite started but no contract from DOE
- Arranging visit to meet Bachie in Wisconsin
- Addendum to DDARS letter—affiliate program!

MARCH '94

- Householders interested!
- Roadblocks to securing funding
- First time client has *not* owned the housing—what if householders don't want to do it anymore???
- Householder Contract:
  - —Daily routine to best support Karen
  - —Support for householders (respite, day program, training)

MARCH '94—Householders spend the day with Karen and her mother. Everyone is excited!!

MARCH '94
Team Meeting

Meeting to draft Affiliate Proposal to HKNC

- Needs of Hoosiers who are Deaf-Blind
- Outline project objectives

END OF MARCH '94—Options for Better Living submits Affiliate Proposal to HKNC.

**DOE Rejects Budget!!**
**Need to get things finalized!**
**—Try another way—**

APRIL '94
Team Meeting

Options and Potential Householders attend!!
- Setting up visit!!
- Discussing training activities—sign language

Redrafting Budget

Plan of Care revised

APRIL '94—Michele meets with Options staff in Bloomington
- Budget
- Karen's wants and needs

APRIL '94—Karen's placement conference at IPS

APRIL '94—
**Affiliate Proposal Accepted!!!**

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MAY '94

- Visits to meet Bachie and her mother
- Speech consultant developing plans with householder and IPS.
- Respite plan developed
- NO WORD ON BUDGET!

KAREN IN HOSPITAL—
Blood sugar levels up!

Options learning more about Karen . . .

Department of Education Approves Budget!$!

JUNE 1, 1994
KAREN MOVES INTO HER NEW HOME!

"Transition Trauma"
(Initially)

- Confusion
- Depression
- Medical Issues

"Stuff" Arrives from Perkins—
(quilt, chair, footstool, skates,
and craft items)

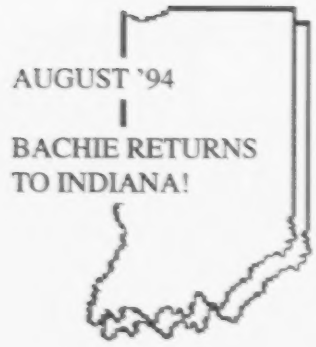
Karen begins to feel at home.

AUGUST '94
Planning Team and Options
Staff Meet Together

Update on Karen
- transition issues
- employment
- medical issues

Bachie's move
- Learning from Karen's experiences
- action plan

Technical Assistance Needs



SEPTEMBER '94
Team Meeting

Meeting on employment issues—next steps (sub-group)

- Training for transition specialists
- Linking with VR and Stonebelt Center
- Karen moved to top of Supported Employment lists!

OCTOBER '94
Team Meeting

Updates on Karen & Bachie

"Planning Today-Creating Tomorrow" video

Affiliate Project

CONFLICT BREWING . . .

- Whose house is it anyway?
- Stay or move?

Lessons Learned

- Always separate housing from support!
- Don't give in under pressure!

NOVEMBER '94—Karen and Bachie move to new home with new support staff.

DECEMBER '94
JANUARY '95
Team Meeting

- Medical Issues
- Roles & Responsibilities
- Agency Training
- Bachie & Karen need to have jobs

FEBRUARY '95
Team Meeting

The "fine art of communication"

- agencies
- householders
- families
- medical

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APRIL '95
Team Meeting

- Review History
- The Dream revisited
- Values Statements & Clarifying Roles
- Roles & Responsibilities
- Next Steps

JUNE, JULY, AUGUST '95—
Vocational Planning Meetings

Karen gets a job!!!
Bachie does volunteer work!!!

# and the journey continues. . .